

## NOTICES OF PROPOSED RULEMAKING

Unless exempted by A.R.S. § 41-1005, each agency shall begin the rulemaking process by first submitting to the Secretary of State's Office a Notice of Rulemaking Docket Opening followed by a Notice of Proposed Rulemaking that contains the preamble and the full text of the rules. The Secretary of State's Office publishes each Notice in the next available issue of the *Register* according to the schedule of deadlines for *Register* publication. Under the Administrative Procedure Act (A.R.S. § 41-1001 et seq.), an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule. (A.R.S. §§ 41-1013 and 41-1022)

### NOTICE OF PROPOSED RULEMAKING

#### TITLE 9. HEALTH SERVICES

#### CHAPTER 6. DEPARTMENT OF HEALTH SERVICES COMMUNICABLE DISEASES

##### PREAMBLE

##### 1. Sections Affected

Chapter 6  
Article 1  
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##### Rulemaking Action

Amend  
Amend  
Amend  
Renumber  
New Section  
Renumber  
Renumber  
Renumber  
New Exhibit  
Amend  
Repeal  
Renumber  
Amend  
Amend  
New Table  
Renumber  
New Section  
New Table  
Renumber  
New Section  
New Table  
New Section  
Renumber  
Amend  
New Section  
Amend  
Repeal  
Renumber  
Amend  
Renumber  
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New Section  
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Renumber  
Amend  
Renumber  
Amend  
Renumber  
Amend  
Renumber  
Renumber  
New Section

**Notices of Proposed Rulemaking**

R9-6-308	Renumber
R9-6-308	Amend
R9-6-309	Renumber
R9-6-309	Amend
R9-6-310	Renumber
R9-6-310	Amend
R9-6-311	Renumber
R9-6-311	Amend
R9-6-312	Renumber
R9-6-312	Amend
R9-6-313	Renumber
R9-6-313	Amend
R9-6-314	Renumber
R9-6-314	Amend
R9-6-315	Renumber
R9-6-315	Amend
R9-6-316	Repeal
R9-6-316	Renumber
R9-6-316	Amend
R9-6-317	Renumber
R9-6-317	New Section
R9-6-318	Renumber
R9-6-318	Amend
R9-6-319	Renumber
R9-6-319	New Section
R9-6-320	Repeal
R9-6-320	New Section
R9-6-321	Renumber
R9-6-321	Amend
R9-6-322	Renumber
R9-6-322	Amend
R9-6-323	Renumber
R9-6-323	Amend
R9-6-324	Renumber
R9-6-324	Amend
R9-6-325	Renumber
R9-6-325	New Section
R9-6-326	Renumber
R9-6-326	Amend
R9-6-327	Renumber
R9-6-327	New Section
R9-6-328	Renumber
R9-6-328	New Section
R9-6-329	Repeal
R9-6-329	Renumber
R9-6-329	Amend
R9-6-330	Repeal
R9-6-330	Renumber
R9-6-330	Amend
R9-6-331	Renumber
R9-6-331	Amend
R9-6-332	Repeal
R9-6-332	Renumber
R9-6-332	Amend
R9-6-333	Renumber
R9-6-333	Amend
R9-6-334	Renumber
R9-6-334	New Section
R9-6-335	Renumber
R9-6-335	Amend
R9-6-336	Renumber
R9-6-336	Amend
R9-6-337	Renumber
R9-6-337	Amend

**Notices of Proposed Rulemaking**

R9-6-338	Renumber
R9-6-338	New Section
R9-6-339	Renumber
R9-6-339	Amend
R9-6-340	Renumber
R9-6-340	New Section
R9-6-341	Renumber
R9-6-341	Amend
R9-6-342	Renumber
R9-6-342	Amend
R9-6-343	Renumber
R9-6-343	Amend
R9-6-344	Renumber
R9-6-344	Amend
R9-6-345	Renumber
R9-6-345	New Section
R9-6-346	Renumber
R9-6-346	Amend
R9-6-347	Renumber
R9-6-347	Amend
R9-6-348	Renumber
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R9-6-356	Renumber
R9-6-356	Amend
R9-6-357	Repeal
R9-6-357	Renumber
R9-6-357	Amend
R9-6-358	Renumber
R9-6-358	Amend
R9-6-359	Repeal
R9-6-359	Renumber
R9-6-359	Amend
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R9-6-361	Renumber
R9-6-361	Amend
R9-6-362	Renumber
R9-6-362	Amend
R9-6-363	Renumber
R9-6-363	Amend
R9-6-364	Renumber
R9-6-364	New Section
R9-6-365	Renumber
R9-6-365	Amend
R9-6-366	Renumber
R9-6-366	New Section
R9-6-367	Renumber
R9-6-367	Amend
R9-6-368	Renumber
R9-6-368	Amend

**Notices of Proposed Rulemaking**

R9-6-369	Renumber
R9-6-369	Amend
R9-6-370	Renumber
R9-6-370	Amend
R9-6-371	Renumber
R9-6-371	Amend
R9-6-372	Renumber
R9-6-372	Amend
R9-6-373	Renumber
R9-6-373	Amend
R9-6-374	Renumber
R9-6-374	Amend
R9-6-375	Renumber
R9-6-375	Amend
R9-6-376	Renumber
R9-6-376	Amend
R9-6-377	New Section
R9-6-378	New Section
R9-6-379	Renumber
R9-6-379	Amend
R9-6-380	Renumber
R9-6-380	Amend
R9-6-381	Renumber
R9-6-381	Amend
R9-6-382	Renumber
R9-6-382	Amend
R9-6-383	Renumber
R9-6-383	Amend
R9-6-384	New Section
R9-6-385	New Section
R9-6-386	Renumber
R9-6-386	Amend
R9-6-387	Renumber
R9-6-387	Amend
R9-6-388	New Section
Exhibit III-A	New Exhibit
Exhibit III-B	New Exhibit
Exhibit III-C	New Exhibit
Exhibit III-D	New Exhibit
Exhibit III-E	New Exhibit
Exhibit III-F	New Exhibit
Exhibit III-G	New Exhibit
Exhibit III-H	New Exhibit
Exhibit III-I	New Exhibit
Exhibit III-J	New Exhibit
Exhibit III-K	New Exhibit
Exhibit III-L	New Exhibit
Exhibit III-M	New Exhibit
Exhibit III-N	New Exhibit
R9-6-501	Renumber
R9-6-501	Amend
R9-6-502	Renumber
R9-6-502	Amend
R9-6-503	Renumber
R9-6-503	Amend
R9-6-504	Renumber
R9-6-504	Amend
R9-6-601	Renumber
R9-6-601	Amend
R9-6-602	Repeal
R9-6-602	Renumber
R9-6-602	Amend
R9-6-603	Repeal

Notices of Proposed Rulemaking

R9-6-603  
R9-6-604

New Section  
New Section

**2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 36-104(3) and 36-136(A)(7) and (F)

Implementing statutes: A.R.S. §§ 11-1003, 32-1483, 36-132(A)(1), 36-136(H)(1) and (12) and (L), 36-624, 36-626, 36-662, 36-664, 36-714, 36-721, 36-723, 36-788, and 36-789

**3. A list of all previous notices appearing in the Register addressing the proposed rules:**

Notice of Rulemaking Docket Opening: 9 A.A.R. 1819, June 6, 2003

**4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

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Office of Public Health Emergency Preparedness and Response  
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or

Name: Kathleen Phillips, Rules Administrator

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Office of Administrative Rules  
1740 W. Adams, Suite 202  
Phoenix, AZ 85007

Telephone: (602) 542-1264

Fax: (602) 364-1150

E-mail: kphilli@hs.state.az.us

**5. An explanation of the rules, including the agency's reasons for initiating the rules:**

The Arizona Department of Health Services (ADHS) completed a five-year review report for 9 A.A.C. 6 in December 1999. The five-year review report was approved by the Governor's Regulatory Review Council in March 2000. As a result of the five-year review, ADHS intended to complete three separate rulemakings to take the actions proposed in the five-year review report. Two of those rulemakings have already been completed. This represents the third of the three rulemakings.

In this rulemaking, ADHS updates and clarifies existing definitions, adds definitions for terms previously undefined, and moves definitions into the Articles to which they pertain. In Articles 2, 3, 5, and 6, ADHS modifies the rules as necessary to update and clarify the rules and to make the rules more effective in detecting, preventing, and controlling communicable diseases. For example, this rulemaking adds tables to make reporting requirements easier to find and follow; adds reportable diseases; adds reporting requirements for shelters, correctional facilities, and pharmacies; adds language regarding federal and tribal entity reporting; and adds language to address the release of information under the federal Health Insurance Portability and Accountability Act (HIPAA). In addition, this rulemaking shortens the reporting time for some diseases and requires local health agencies to complete and submit ADHS forms or Centers for Disease Control and Prevention forms for specified diseases. This rulemaking also adds tuberculosis control measures for correctional facilities. Finally, this rulemaking brings the rules into compliance with current rulemaking format and style requirements.

**6. A reference to any study relevant to the rules that the agency reviewed and either proposes to rely on in its evaluation of or justification for the rules or proposes not to rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

ADHS is relying on information in the following documents that ADHS does not believe to be "studies," but that contain information derived from studies:

American Public Health Association, *Control of Communicable Diseases Manual* (17th ed. 2000), available from the American Public Health Association, 800 I St., NW, Washington, DC 20001-3710;

American Academy of Pediatrics, *Red Book 2003: Report of the Committee on Infectious Diseases* (26th ed. 2003), available from the American Academy of Pediatrics, P.O. Box 927, 141 Northwest Point Blvd., Elk Grove Village, IL 60009-0927;

Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Prevention and Control of Tuberculosis in Correctional Facilities: Recommendations of the Advisory Council for the Elimination of Tuberculosis," published in 45 *Morbidity and Mortality Weekly Report* 1-27 (June 7, 1996), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00042214.htm> and <http://www.cdc.gov/mmwr/PDF/RR/RR4508.pdf>; and

Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee," published in 52 *Morbidity and Mortality Weekly Report* 1-42 (June 6, 2003), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm> and <http://www.cdc.gov/mmwr/PDF/RR/RR5210.pdf>.

**7. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

The changes in the rules will primarily benefit the public by enhancing the detection, reporting, control, and prevention of communicable diseases in Arizona, including communicable diseases that have been identified by the Centers for Disease Control and Prevention (CDC) as potential bioterrorism agents. ADHS; local health agencies (LHAs); correctional facilities (CFs); establishments involved in the donation of blood, blood components, organs, milk, and tissues; and animal control agencies will also benefit from the changes in the rules. ADHS believes that the benefits of this rulemaking will far outweigh the burdens.

The changes in the rules will result in additional costs to ADHS, LHAs, CFs, health care institutions (HCIs), health care providers (HCPs), shelters, child care establishments (CCEs), schools, pharmacies and pharmacists, clinical laboratories (CLs), food establishments, and animal control agencies.

As used in this summary, minimal means less than \$1,000, moderate means \$1,000 to \$9,999, and substantial means \$10,000 or more. This summary describes only those rule changes that will result in the most significant economic impacts.

In R9-6-101, ADHS adopts a definition of "school" that includes colleges, universities, institutions offering private vocational programs, and degree-granting institutions. In the absence of a definition, "school" has been interpreted to include only K-12 schools. Thus, postsecondary educational institutions were not required to comply with the requirements for schools. Requiring them to comply will result in no burden to a minimal-to-moderate burden for each postsecondary educational institution, depending on whether a relevant disease or outbreak occurs at the educational institution. Each required report or exclusion should result in a minimal burden.

R9-6-102 requires a person in possession of protected health information to release it to ADHS or an LHA if requested for the purpose of detecting, preventing, or controlling disease, injury, or disability. This will result in a potentially substantial benefit to ADHS, LHAs, and persons in possession of protected health information because it will enable the release of this information without concern about potential noncompliance with the Health Insurance Portability and Accountability Act (HIPAA).

R9-6-202 requires CF administrators to report for the same diseases and occurrences for which HCPs and HCI administrators are required to report. This will result in no burden to a minimal burden for CFs, which previously were not required to report unless their employees were required to report as physicians or health care facility administrators. The degree of impact will depend on whether a relevant disease or occurrence is detected at a CF. If a CF does need to report, the cost of each report should be minimal. ADHS is also broadening physician reporting to require all HCPs to report. ADHS is doing this because ADHS believes that registered nurse practitioners, physician assistants, and dentists are frequently in a position to diagnose reportable communicable diseases and to detect reportable occurrences. This change will result in a minimal burden for each non-physician HCP and a significant benefit for ADHS, LHAs, and the public because it should result in more effective surveillance of communicable diseases and related occurrences in Arizona, which can lead to more effective control measures.

The rules add case or suspect case reporting by HCPs, HCI administrators, or CF administrators within 24 hours for: emerging or exotic diseases, enterohemorrhagic *E. coli* other than *E. coli* O157:H7 (EHEC), enterotoxigenic *E. coli* (ETEC), hemolytic uremic syndrome (HUS), severe acute respiratory syndrome (SARS), smallpox, unexplained death with a history of fever, viral hemorrhagic fever, and West Nile virus infection. This will result in a minimal burden for HCPs, HCI administrators, and CF administrators and in a minimal-to-moderate burden for LHAs. Because these diseases are uncommon, and the number of unexplained deaths with a history of fever is expected to be low, the number of case and suspect case reports should be low. In addition, West Nile virus infection is already reportable by physicians and health care facilities through an Emergency Order issued by the ADHS Director in August 2003. These reporting requirements will result in a significant benefit to LHAs, ADHS, and the public. Smallpox, viral hemorrhagic fevers, EHEC, ETEC, unexplained death with a history of fever, and emerging and exotic diseases could

be signs of bioterrorism, so rapid detection of cases is essential. HUS is caused by EHEC and is a nationally notifiable disease. SARS is a serious health threat for which control measures, including isolation and quarantine, need to be implemented immediately upon detection. West Nile virus infection is potentially deadly, particularly in the elderly, so tracking its prevalence is important so that vectors can be controlled and disease prevented.

ADHS is also changing the reporting deadlines for some diseases and is adding reporting requirements for other diseases and occurrences, including basidiobolomycosis, Creutzfeldt-Jakob disease, *Cyclospora* infection, cysticercosis, *Haemophilus influenzae* invasive disease other than type B, Kawasaki syndrome, lymphocytic choriomeningitis, parasitic encephalitis, *Streptococcus pneumoniae*, and vaccinia-related adverse events. ADHS believes that the addition of these reporting requirements will result in a minimal burden to HCPs, HCI administrators, and CF administrators and a minimal-to-moderate burden to LHAs. Most of these diseases are relatively uncommon, and ADHS estimates that their addition will result in a combined total of approximately 1,000 annual reports.

R9-6-203 adds a requirement for shelter administrators to report for 14 communicable diseases or occurrences. This will result in no burden to a minimal burden for shelter administrators. The degree of impact will depend on whether a relevant disease or occurrence is detected at a shelter. ADHS estimates that there were approximately 3,253 individual cases of these diseases reported in Arizona in 2001. Because only a very small percentage of the population resides in shelters, there are numerous shelters, and only outbreak reporting is required for three of these, ADHS believes that each individual shelter will be at most only minimally burdened.

R9-6-204 adds a requirement for a CL director to report to ADHS immediately when a specimen is received for testing for *Bacillus anthracis* (anthrax), *Clostridium botulinum* toxin (botulism), dengue virus, an emerging or exotic disease agent, *Francisella tularensis* (tularemia), variola virus (smallpox), a viral hemorrhagic fever agent, or *Yersinia pestis* (plague). This will result in a minimal burden for CLs, from the time spent reporting. Clinical testing for these agents is extremely rare, and ADHS believes that very few reports will be made. This will result in a significant benefit to ADHS, LHAs, and the public. These agents are all identified by the CDC as potential bioterrorism agents, so rapid detection of a potential case or suspect case is essential. Requiring laboratory reporting when a specimen is received for testing is designed as a safeguard for detection in the event that the HCP ordering the test has failed to report a suspect case.

R9-6-204 also requires isolate submission by CLs for *Bacillus anthracis*, *Brucella* spp., *E. coli*: Shiga-toxin producing, *Francisella tularensis*, *Legionella* spp., *Listeria* spp., *Mycobacterium tuberculosis*, *Shigella* spp., *Streptococcus pneumoniae*, vancomycin-resistant *Staphylococcus epidermidis*, *Vibrio* spp., *Yersinia* spp., and *Yersinia pestis*. This will result in a minimal-to-moderate burden for each CL, from the supplies used and shipping costs. ADHS estimates that each isolate submitted would have a cost of approximately \$6.60-\$17.27. In 2001, Arizona had 1635 reported cases of the diseases caused by these agents. Thus, ADHS estimates that the aggregate cost for all CLs would be approximately \$10,791-\$28,237.

R9-6-204 also adds CL reporting for 20 disease agents and test results and changes the reporting deadline for some others. ADHS believes that these changes will result in a minimal-to-moderate burden to each CL from the additional time spent reporting. A number of the new reporting requirements will result in very few reports, and ADHS is mitigating the burden of reporting influenza virus and respiratory syncytial virus results by allowing aggregate number reporting for those. In addition, the burden of the new reporting requirements will be mitigated for those CLs choosing to switch to electronic reporting when electronic reporting becomes available. ADHS anticipates that electronic reporting for CLs will be available by July 2004.

R9-6-205 requires pharmacist and pharmacy administrator reporting when two or more anti-tuberculosis drugs are initially prescribed (not when refilled). This will result in a minimal burden for each pharmacist and pharmacy administrator, from the time spent reporting. Because reporting is limited to initial prescriptions, ADHS estimates that the number of annual reports should be fewer than 500 (based on the 289 reported cases of tuberculosis (TB) in 2001). This will result in a significant benefit for ADHS, LHAs, and the public. Reporting from pharmacists and pharmacy administrators will enable ADHS and LHAs to track the true prevalence of TB in Arizona by providing information about TB cases or suspect cases who have not been reported by HCPs, HCIs, CFs, or CLs. It will also enable ADHS and LHAs to implement control measures as necessary for these cases and suspect cases.

R9-6-206 requires an LHA to report specific information to ADHS within seven days after an unexplained death with a history of fever. This will result in a minimal-to-moderate burden for LHAs, from rapidly completing the epidemiologic investigation and the report. ADHS estimates that an epidemiologic investigation takes anywhere from five minutes to 160 hours, depending on the complexity of the investigation. However, ADHS estimates that the average duration for an epidemiologic investigation is one hour, because most epidemiologic investigations are completed over the telephone in a relatively short period of time. Based on an estimated salary of \$40,000-\$42,000 for an LHA's nurse investigator, the cost of a typical epidemiologic investigation is approximately \$40. Completion of the report itself is estimated to take approximately 20 minutes to one hour, at a cost of approximately \$7-\$20. ADHS anticipates fewer than 100 annual reports of unexplained death with a history of fever. This will result in a significant benefit for ADHS and the public. Unexplained death with a history of fever could be a sign of bioterrorism or emergence of a new disease. Obtaining prompt reporting of standard information about each unexplained death with a history of fever will place ADHS in a position to detect bioterrorism or emerging disease and to act to prevent further disease and death.

R9-6-206 also adds a requirement to include a summary profile of the signs and symptoms of illness and an epidemiologic curve in a report of an epidemiologic investigation of an outbreak. This will result in a minimal burden for LHAs, from the additional time spent preparing a report, which ADHS estimates to be one or two hours, depending on whether these are created using case information already entered into a computer or whether they are created by hand. This will result in a significant benefit for LHAs, ADHS, and the public because it will provide LHAs with important epidemiologic information in a concise format that will enable LHAs to better characterize the nature of an outbreak and thus the possible source of disease.

R9-6-207 requires a federal or tribal entity, to the extent permitted by law, to report as state entities do. ADHS believes that this will result in no burden to a minimal burden for federal or tribal entities, a number of which already report to ADHS voluntarily or through agreement, because they will only report if they believe that federal law permits them to do so and if they would have been inclined to do so absent the rule. This will result in a significant benefit to ADHS, LHAs, the public, and federal or tribal entities because it will enable federal or tribal entities to report to ADHS without worrying about potential noncompliance with HIPAA. Thus, ADHS and LHAs will have a more complete picture of the epidemiology of disease in Arizona and will be better able to ensure that appropriate control measures and educational campaigns are implemented as needed.

In 48 Sections in Article 3, the rules require LHAs to conduct, rather than allowing them to direct, epidemiologic investigations. This change will result in no economic burden for LHAs because A.R.S. § 36-624 already requires an LHA to investigate immediately when it is apprised that infectious or contagious disease exists within its jurisdiction. Additionally, ADHS believes that most LHAs are already conducting (rather than directing) epidemiologic investigations. This will result in a minimal benefit to ADHS, LHAs, and the public because it clarifies the responsibilities of LHAs related to epidemiologic investigations.

In 41 Sections in Article 3, the rules require LHAs to conduct epidemiologic investigations for reported suspect cases as well as reported cases. This change will result in no economic burden on LHAs because A.R.S. § 36-624 already requires an LHA to investigate immediately when it is apprised that infectious or contagious disease exists within its jurisdiction. The statute clearly contemplates suspect case investigations as well because it alludes to an investigation revealing that disease does not exist. This will result in a minimal benefit to ADHS, LHAs, and the public because it clarifies the responsibilities of LHAs related to epidemiologic investigations.

In 25 Sections in Article 3, the rules eliminate requirements for diagnosing HCPs or authorized representatives to counsel about handwashing or concurrent disinfection or disinfestation. This will result in a minimal-to-moderate benefit for HCPs, who will no longer provide this counseling unless they believe that to do so is consistent with the accepted standard of care in the medical community.

In 32 Sections in Article 3, the rules require LHAs to complete and submit CDC forms to ADHS for cases of diseases. This will result in a minimal-to-moderate burden for LHAs. The forms are generally brief (ranging from one to 14 pages, with most at two to three pages) and require information that should already be gathered in an epidemiologic investigation. Indeed, LHAs have been completing and submitting most of these forms to ADHS for years. This will result in a significant benefit to ADHS because, for nationally notifiable diseases and some other diseases that are reported to the CDC, it ensures that ADHS has the information needed to report to the CDC. For other diseases, it ensures that a thorough epidemiologic investigation is completed, which can lead to identification of the source of illness and prevention of further transmission of disease.

In 14 Sections in Article 3, the rules require LHAs to complete and submit ADHS forms to ADHS for cases or outbreaks of disease. This will result in a minimal-to-moderate burden for LHAs. The forms are generally brief (ranging from one to nine pages, with most at two to three pages) and require information that should already be gathered in an epidemiologic investigation. Indeed, LHAs have been completing and submitting most of these forms to ADHS for years. This will result in a significant benefit to ADHS because it ensures that a thorough epidemiologic investigation is completed, which can lead to identification of the source of illness and prevention of further transmission of disease.

In eight Sections in Article 3, the rules change the epidemiologic investigation requirement to require an investigation for each case or suspect case instead of an investigation for each outbreak. This will result in no burden for LHAs because A.R.S. § 36-624 already requires an LHA to investigate immediately when it is apprised that infectious or contagious disease exists within its jurisdiction. The statute clearly contemplates suspect case investigations as well because it alludes to an investigation revealing that disease does not exist. Based on reported cases in 2001, ADHS anticipates approximately 2,360 reported cases of these eight diseases each year. This will result in a significant benefit for ADHS, LHAs, and the public because investigating a case or suspect case can lead to identification of the source of illness and prevention of further transmission of disease. For example, in Pennsylvania recently, investigation of a Hepatitis A outbreak revealed the source of illness to be scallions served in a Mexican restaurant. If the investigation launched had been a case investigation rather than an outbreak investigation, it might have been possible to identify and eliminate the source sooner, thereby preventing at least some of the approximately 600 cases and three deaths resulting from the outbreak.

In 20 Sections in Article 3, the rulemaking adds a requirement for an epidemiologic investigation of each case or suspect case. This will result in no burden for LHAs because A.R.S. § 36-624 already requires an LHA to investigate



immediately when it is apprised that infectious or contagious disease exists within its jurisdiction. The statute clearly contemplates suspect case investigations as well because it alludes to an investigation revealing that disease does not exist. ADHS estimates that there will be approximately 48-89 reported cases of these 20 diseases each year. This will result in a significant benefit for ADHS, LHAs, and the public because investigating a case or suspect case can lead to identification of the source of illness and prevention of further transmission of disease. The new requirements for epidemiologic investigations of cases or suspect cases are particularly important for those diseases that have been identified by the CDC as potential signs of bioterrorism: emerging or exotic disease, smallpox, and viral hemorrhagic fever. Additionally, unexplained death with a history of fever could be a sentinel event for bioterrorism or emerging disease, so investigation of each case or suspect case is critical.

In nine Sections within Article 3, ADHS eliminates requirements prescribing a diagnosing HCP's treatment or counseling of a case. ADHS does not believe that any person will be burdened by these changes and believes that this will result in no burden to a minimal benefit to diagnosing HCPs, from the increased flexibility. ADHS believes that HCPs will continue to provide or arrange for this counseling and to prescribe antibiotics where appropriate because these practices are consistent with the accepted standard of medical care in the community.

In eight Sections within Article 3, ADHS eliminates restrictions related to donated blood, plasma, milk, organs, sperm, or other tissue. The restrictions varied somewhat by Section, but were related to prohibiting donations from cases, suspect cases, or carriers and to prohibiting the use of donations from cases, suspect cases, or carriers. ADHS believes that no person will be burdened by the elimination of these restrictions, but that entities involved in the procurement or use of blood, blood components, milk, organs, sperm, or other tissues will be significantly benefited by their elimination because these entities will be required to comply only with the requirements of the federal government or industry-specific guidelines, not with Arizona state requirements that may not be as current as and that may not be consistent with the other requirements. ADHS believes that these restrictions are unnecessary in light of federal regulation and industry-specific standards. ADHS also believes that, due to liability concerns, entities involved in the procurement or use of these items are extremely cautious about transmitting disease through donations and thus self-regulate where federal regulation is currently lacking. ADHS is retaining the requirements for blood bank or blood or plasma center operators to notify donors of positive hepatitis B, HIV, or syphilis test results because A.R.S. § 32-1483 requires ADHS to have a notification requirement in rule. However, ADHS is eliminating the 30-day deadline and just requiring compliance with 21 CFR 630.6.

In 18 Sections in Article 3, ADHS expands or adds new requirements for exclusion of cases, suspect cases, carriers, or contacts from certain settings or activities—generally working as a food handler, caring for children in or attending a CCE, and caring for patients or residents in an HCI. The exclusion requirements already in rule vary, so the additional exclusion requirements vary from Section to Section. In each instance, an exclusion will result in a significant benefit for ADHS, LHAs, and the public because exclusion of a case, suspect case, carrier, or contact from these settings or activities will help to prevent transmission of disease. The new exclusion requirements will also benefit each individual who would otherwise have become infected. These changes will result in a minimal-to-moderate burden for LHAs because of the requirement to exclude new individuals. LHAs generally effect exclusion by telephoning the food establishment, HCI, or CCE from which a case, suspect case, carrier, or contact is to be excluded. Compliance with exclusion requirements is generally good and does not typically necessitate an LHA visit to the affected food establishment, HCI, or CCE. For five of these Sections, the rules require that exclusion be effected by a person other than the LHA—generally a school or CCE administrator, although the rule for scabies includes HCI or shelter administrators, and the rule for streptococcal group A infection includes HCI administrators and persons in charge of food establishments. These requirements result in a minimal burden to the person responsible for effecting the exclusion. The extent of the burden to the individual excluded or, for a child who is excluded, the parent of the individual excluded depends on the duration of the exclusion and results from time lost from work or the cost of substitute care for an excluded child. For most exclusions, the burden will be minimal to moderate, but for exclusions of longer duration, such as for tuberculosis or typhoid fever, the burden can be moderate to substantial. ADHS estimates the following average durations of exclusion for the different diseases: amebiasis, 3-20 days; campylobacteriosis, 1-3 days; cryptosporidiosis, 1-20 days with a mean of 10 days; EHEC, 7-21 days; ETEC, 7-21 days; giardiasis, 5-7 days; HUS, 7-21 days; hepatitis A, 7-14 days; measles, 4 days; pertussis, 5 or 21 days; rubella, 7 days (instead of 4 days, the current requirement); salmonellosis, 3-7 days; scabies, 1-2 days; shigellosis, 1-8 days; streptococcal group A infection, 1 day; taeniasis, 1 day; tuberculosis, 2-12 weeks with a mean of 2-4 weeks; and typhoid fever, 33 days to 12 months, with a mean range of 33-90 days. In some instances, a case, suspect case, or symptomatic contact would be too ill to work even if not excluded, and thus will incur economic burden from the illness itself rather than from the exclusion requirement in rule.

In the Sections for diphtheria, Hansen's disease, and pertussis, ADHS expands the applicability of contact control measures to include close contacts rather than just household contacts. This will result in a minimal burden to LHAs for each case, from the time spent identifying close contacts and the time and, potentially, materials such as drugs needed to comply with the control measures, but it will result in a significant benefit for ADHS, LHAs, and the public because identifying and applying control measures to all individuals who have spent sufficient time with and have been within a sufficient proximity to a case to have sustained significant exposure to an infectious agent will help to prevent transmission of disease. This will also benefit each close contact who would otherwise have become a case.

In the Sections for mumps, pertussis, rubella, and varicella, ADHS requires an administrator of a school or CCE to consult with an LHA to determine exclusions and to comply with the LHA's recommendations for exclusion. This will result in a minimal-to-moderate burden for LHAs, from the time spent consulting with schools or CCEs. Each consultation should only take a few minutes and can be done by telephone. In 2001, Arizona had two reported cases of mumps, 382 reported cases of pertussis, 0 reported cases of rubella, and 951 reported cases of varicella. This may result in a minimal-to-moderate burden for each affected school or CCE because of the need to exclude non-immune attendees and workers, which may result in the need for substitute workers and complaints from the parents of excluded attendees, depending on the duration of exclusion. This may also result in a minimal-to-moderate burden for workers who are excluded or the parents of children who are excluded, from time lost from work or the cost of substitute care. It is important to note, however, that 9 A.A.C. 6, Article 7 requires immunization for mumps, pertussis, and rubella in order to attend school or a CCE unless an exemption is granted for personal, religious, or medical reasons. In addition, there is a licensed vaccine available for varicella, and routine varicella immunization is recommended by the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians, although it is not yet required by 9 A.A.C. 6, Article 7. ADHS has found that individuals who are opposed to immunization for religious or personal reasons may submit to immunization when there is a real threat of disease, which would generally prevent exclusion. These requirements will result in a significant benefit for ADHS, LHAs, the public, and the individuals excluded because exclusion helps to prevent transmission of disease.

In 12 Sections in Article 3, ADHS expands isolation requirements to make a diagnosing HCP or HCI administrator responsible for effecting isolation and to apply to any case, not just a hospitalized case. The affected Sections are those for *Haemophilus influenzae* invasive disease, measles, meningococcal invasive disease, plague, rubella, congenital rubella syndrome, TB, tularemia, vancomycin-resistant *Enterococcus* spp., vancomycin-resistant *Staphylococcus aureus*, vancomycin-resistant *Staphylococcus epidermidis*, and varicella. The existing isolation requirements vary somewhat, but generally make hospital administrators responsible for isolating hospitalized cases, without addressing other HCIs or the involvement of diagnosing HCPs. ADHS is aware that HCIs other than hospitals may have patients or residents who will require isolation for infectious disease and that diagnosing HCPs may even need to effect isolation for patients who are treated in an outpatient environment. For each of these diseases, ADHS believes that isolation is consistent with the accepted standard for infection control in the medical community and, thus, that the change will result in no burden to a minimal burden to HCPs and HCI administrators. ADHS is changing the rules to clarify who is responsible for effecting isolation and that it is necessary even for a non-hospitalized case. These changes will result in a significant benefit for ADHS, LHAs, and the public because isolation of a case helps to prevent transmission of disease.

R9-6-302 adds a requirement for LHAs to disseminate surveillance information to HCPs. This will result in a minimal-to-moderate burden for LHAs, from the time and money spent disseminating surveillance information to HCPs. ADHS intentionally does not prescribe the manner in which this information is to be disseminated to HCPs so that each LHA can choose the most effective and cost-effective method. Some examples of how it could be done include a newsletter or other published information or a regularly updated web site. This will result in a significant benefit for HCPs and the public because HCPs will have current surveillance information and thus may be able to make better-informed decisions regarding diagnosis and effective treatment of patients, thereby preventing disease.

R9-6-303 adds a requirement for the person in charge of a food establishment to ensure compliance with all food handler exclusion requirements appearing in Article 3 or ordered by an LHA. This will result in a minimal-to-moderate burden for food establishments because persons in charge will need to be trained and will need to ensure that staff are trained on exclusion requirements, and staffing changes may need to be made to accommodate food handler exclusions. This will result in a significant benefit for ADHS, LHAs, food establishments, and the public because having the person in charge of a food establishment be more knowledgeable about and ensure compliance with exclusion requirements should enhance the safety of food served in food establishments and help to prevent disease.

In R9-6-322, ADHS adopts the control measures for outbreaks of unspecified foodborne or waterborne illness as the control measures for outbreaks of diarrhea, nausea, or vomiting. This may result in a minimal-to-moderate burden to LHAs because of the broadening of the rule. However, ADHS believes that outbreaks of diarrhea, nausea, or vomiting of unknown origin frequently would have been reported and investigated as potential foodborne or waterborne illness outbreaks, at least initially. ADHS estimates that there are 20-30 outbreaks of diarrhea, nausea, or vomiting in Arizona annually. This will result in a significant benefit for ADHS, LHAs, and the public because food safety threats and water safety threats have been identified by the CDC as potential bioterrorism agents, and an outbreak of diarrhea, nausea, or vomiting may be the first evidence that a bioterrorism event has occurred. Thus, it is essential that these be identified and investigated.

R9-6-323 expands the quarantine requirement for diphtheria to include close contacts, rather than just household contacts. This will result in a minimal-to-moderate burden for each close contact who is not in the case's household, from time lost from work or school. ADHS estimates that a quarantine would last approximately 2-7 days. This will result in a significant benefit for ADHS, LHAs, and the public because quarantining close contacts will help to prevent transmission of disease. It will also result in a minimal-to-moderate burden for each individual who would otherwise have become infected.

R9-6-325 requires an LHA to consult with ADHS and to isolate a case or suspect case of an emerging or exotic disease as needed to prevent transmission. This will result in a minimal burden for an LHA required to consult with ADHS, from the time spent in consultation, and in a minimal-to-moderate burden for an LHA required to isolate a case or suspect case, from effecting the isolation. This may result in a minimal-to-moderate burden for a case or suspect case placed in isolation, because of the time lost from work, depending on the disease and whether the case or suspect case would have been able to work if not for the isolation. This will result in a significant benefit for ADHS, LHAs, and the public because isolation of cases and suspect cases can prevent transmission of disease, which can save lives. The recent SARS pandemic is an excellent example of a situation that would have been worse in the United States if isolation had not been used appropriately to isolate cases and suspect cases once they were identified.

R9-6-325 also requires an LHA to consult with ADHS and to quarantine an emerging or exotic disease contact as needed to prevent transmission. This will result in a minimal burden for an LHA required to consult with ADHS, from the time spent in consultation, and in a minimal-to-moderate burden for an LHA required to quarantine a contact, from effecting the quarantine. This will also result in a minimal-to-moderate burden for a contact quarantined because of the time lost from work, which will depend on the disease. This will result in a significant benefit for ADHS, LHAs, and the public because quarantine of contacts can prevent transmission of disease, which can save lives. The recent SARS pandemic is again an excellent example of a situation that would have been worse in the United States if quarantine had not been used appropriately once contacts were identified.

The rule for encephalitis, R9-6-326, is expanded to include parasitic encephalitis. This will result in a significant benefit to LHAs, ADHS, and the public. In 2003, there were two deaths caused by parasitic encephalitis in Arizona that led to the temporary closure and decontamination of a private community water supply. It is essential that LHAs and ADHS track and investigate cases of parasitic encephalitis to prevent disease and deaths.

At R9-6-327, ADHS replaces the rule for *E. coli* O157:H7, the old R9-6-320, with a rule for EHEC, a broader category. This may result in a minimal burden for LHAs because of the broadening of the rule, but *E. coli* O157:H7 is responsible for most cases of EHEC in the United States, so any burden should be minimal. As a food safety threat, EHEC has been identified by the CDC as a potential bioterrorism agent, so investigation and control of cases is essential. In addition, control of EHEC can help prevent HUS, which is life threatening. R9-6-329 requires that an LHA conduct an epidemiologic investigation of each reported giardiasis outbreak. This will not burden LHAs because A.R.S. § 36-624 already requires an LHA to investigate immediately when it is apprised that infectious or contagious disease exists within its jurisdiction. This will result in a significant benefit for ADHS, LHAs, and the public because investigating an outbreak may lead to identification of the source of illness and prevention of further transmission of disease. R9-6-329 also eliminates the requirement for an LHA to provide education and consultation regarding prevention and control measures to giardiasis cases and known contacts. ADHS believes that LHAs will generally do this during the course of an outbreak investigation even without the rule requirement, so no person will be burdened by this change. Additionally, this may result in a minimal benefit to LHAs because they may provide only the education and consultation that they believe to be necessary and appropriate.

In R9-6-332, the time for which an LHA is required to examine contacts for signs and symptoms of Hansen's disease (leprosy) is extended from 3 years to 5 years and is expanded to include close contacts (instead of only household contacts). This will result in no burden to a minimal burden for LHAs. ADHS believes that LHAs already follow contacts of a case for at least 5 years, because that is consistent with the currently accepted public health standard. The longer duration of follow-up is necessary because the incubation period for Hansen's disease is usually 3-5 years. This may result in a significant benefit to ADHS, LHAs, and the public because a close contact who becomes a case will be detected and started on treatment in a timely fashion, thus preventing further transmission of disease.

R9-6-337 requires an LHA to forward each report of a non-acute hepatitis C case or suspect case to ADHS within five working days after receipt. This will result in no burden to LHAs because it is consistent with the requirement in R9-6-206(D). The rule also requires ADHS to provide education on hepatitis C prevention and disease progression to each non-acute hepatitis C case or suspect case. Although the number of individuals in Arizona with chronic hepatitis C is approximately 10,000, this will result in no additional burden to ADHS. ADHS has a hepatitis C prevention program that already monitors and provides education to individuals with chronic hepatitis C. This requirement will result in a significant benefit to ADHS, LHAs, and the public because all individuals with hepatitis C infection are at risk for developing cirrhosis of the liver and liver cancer and need to understand how to prevent transmission to others and the progression of the disease.

R9-6-341 requires the owner of a water, cooling, or ventilation system that was a source of infection to disinfect it before resuming its use (instead of only if it is determined to be the source of an outbreak). This will result in no burden to a minimal burden for an owner of a water, cooling, or ventilation system that was a source of infection, from the expense of disinfecting the system. ADHS believes that, due to liability concerns, an owner would generally already ensure disinfection, even in the absence of a rule. This may result in a significant benefit to ADHS, LHAs, and the public, however, because it may convince a reluctant owner that disinfection needs to be completed.

R9-6-343 requires an LHA to counsel a case about the risks of contracting listeriosis from cold deli meats and unpasteurized dairy products. This will result in a minimal burden for LHAs from the time spent providing the counseling. The counseling should not take more than a few minutes and can be done by telephone. In 2001, Arizona had only 10 reported cases of listeriosis. This will result in a significant benefit for ADHS, LHAs, and the public because it may

enable cases or the parents or guardians of minor cases to avoid contracting listeriosis in the future, thereby preventing illness.

R9-6-345 requires an LHA to counsel a case about reducing the risks of becoming reinfected or having others become infected with lymphocytic choriomeningitis virus. This will result in a minimal burden for LHAs from the time spent providing the counseling. The counseling should not take more than a few minutes and can be done by telephone. ADHS estimates that Arizona has 1-3 cases of lymphocytic choriomeningitis each year. This will result in a significant benefit for ADHS, LHAs, and the public because it may enable cases or the parents or guardians of minor cases to avoid contracting lymphocytic choriomeningitis in the future, thereby preventing illness.

R9-6-347 requires a school or CCE administrator to comply with an LHA's recommendations for exclusion for measles. This may result in a minimal-to-moderate burden for schools or CCEs because of the need to exclude non-immune attendees and workers, which may result in the need for substitute workers and complaints from the parents of excluded children. This may result in a minimal-to-moderate burden for workers who are excluded or the parents of children who are excluded, from time lost from work or the cost of substitute care. It is important to note, however, that 9 A.A.C. 6, Article 7 requires immunization for measles in order to attend school or a CCE unless an exemption has been granted for personal, religious, or medical reasons. ADHS has found that individuals who are opposed to immunization for religious or personal reasons may submit to immunization when there is a real threat of disease, which will generally prevent exclusion. This will result in a significant benefit for ADHS, LHAs, the public, and the individuals excluded because exclusion helps to prevent transmission of disease.

In R9-6-350, ADHS is eliminating the requirements for a school or CCE administrator to report an outbreak of pediculosis (head lice) and to consult with an LHA to determine exclusions during an outbreak. ADHS believes that these changes will not burden any person, but will result in a minimal benefit for LHAs and school and CCE administrators. ADHS is adding a requirement for a shelter administrator to ensure that a case is treated with a pediculocide and that the case's clothing and personal articles are disinfested. This will result in a minimal burden for a shelter administrator for each resident who is a case, from the cost of pediculocide, the cost associated with disinfesting clothing and personal articles, and the time spent on treatment and disinfestations. This will result in a significant benefit for a case and for close contacts of the case who might otherwise become infested. Residents of homeless shelters in particular will benefit because they may not otherwise have the means to obtain treatment and effect disinfestation.

R9-6-351 adds a requirement for an HCP to use droplet precautions with any pertussis case, not just a hospitalized case. This will result in no burden to a minimal burden to HCPs. ADHS believes that the use of droplet precautions is consistent with the accepted standard for infection control in the medical community. The rule merely clarifies that it is to happen even for a non-hospitalized case. This will result in a significant benefit for ADHS, LHAs, and the public because the use of droplet precautions with a case will help to prevent transmission of disease.

R9-6-356 requires an LHA to evaluate the risk of rabies exposure to contacts and, if indicated, to provide or arrange for prophylaxis. This will result in no burden to a minimal-to-moderate impact to LHAs from the time spent evaluating the risk of exposure and potentially from the cost of prophylaxis. Arizona has not had a case of rabies in a human for at least the past 11 years. This will result in a significant benefit to ADHS, LHAs, and the public because it will help to prevent the transmission of rabies, which is almost invariably fatal once an infected individual becomes ill.

R9-6-363 requires a shelter administrator to ensure that a scabies case receives treatment and that the case's clothing and personal articles are disinfested. This will result in a minimal burden for a shelter administrator, from the cost of disinfestation and, potentially, the cost of treatment. This will result in a significant benefit for a case living at or using a shelter because the case may not otherwise be able to obtain treatment or disinfestation of clothing and personal articles. The rule also requires an HCI administrator (instead of a nursing home administrator) or a shelter administrator to refer a symptomatic contact for examination and treatment. This will result in a minimal burden for an HCI administrator or shelter administrator, from the time spent providing the referral information. This may result in a significant benefit for a symptomatic contact who may not otherwise obtain information about having been exposed and where to go for examination and treatment.

The new SARS and smallpox rules, R9-6-364 and R9-6-366, require an LHA, in consultation with ADHS, to isolate a case or suspect case and quarantine a contact as necessary to control transmission. Each of these requirements will result in a minimal burden for an LHA required to consult with ADHS, from the time spent in consultation, and in a minimal-to-moderate burden for an LHA required to isolate a case or suspect case or quarantine a contact, from effecting the isolation or quarantine. This may also result in a minimal-to-moderate burden for a case or suspect case placed in isolation or a contact placed in quarantine, because of the time lost from work. For a case or suspect case, the extent of the burden will depend on whether the case or suspect case's illness renders the case or suspect case unable to work even in the absence of the isolation. These requirements will result in a significant benefit for ADHS, LHAs, and the public because isolation of cases and suspect cases and quarantine of contacts can prevent transmission of disease, which can save lives. The recent SARS pandemic is an example of a situation that would have been worse in the United States if isolation and quarantine had not been used appropriately once cases, suspect cases, and contacts were identified. The smallpox rule also requires an LHA to monitor a contact's temperature and symptoms each day for 21 days after the last exposure. This will result in a minimal burden for an LHA, from the time spent monitoring a contact, but will result in a significant benefit to each contact who becomes a case, because illness will be detected quickly so that treatment can begin, and to any individuals quarantined with a contact who becomes ill,

because the contact who becomes ill will be placed in isolation and vaccination of unimmunized contacts can be done quickly.

R9-6-373 requires an HCI administrator to notify the LHA at least one working day before discharging a TB case or suspect case. This will result in a minimal burden to HCI administrators and LHAs, from the time spent providing and receiving notice, which can be made by telephone. This will result in a significant benefit for ADHS, LHAs, and the public because having this information will enable LHAs to better follow TB cases and suspect cases to ensure that they are receiving appropriate treatment and thereby to prevent transmission of disease. R9-6-373 also requires an exposed individual to allow an LHA to evaluate the individual's TB status. ADHS believes that LHAs are already evaluating individuals' TB status on a voluntary basis or under A.R.S. § 36-723(A)(3), which authorizes a local health officer to enter and inspect private property and premises to locate and inspect persons who may be afflicted persons. However, this change may result in a significant benefit to ADHS, LHAs, and the public because it may be easier for LHAs to gain cooperation when evaluating an individual for TB. The rule also requires an LHA to question a contact known to have a history of a positive result on an approved test for TB and to provide or arrange for a chest x-ray if the contact is symptomatic. ADHS believes that this will impose no new burden on LHAs. Under A.R.S. § 36-723(A), an LHA already has a duty to investigate when notified that an afflicted person is within the LHA's jurisdiction. In addition, A.R.S. § 36-717 makes LHAs responsible for providing or arranging for medical care and treatment of persons infected with TB. This may result in a significant benefit to ADHS, LHAs, and the public because it clarifies what an LHA is required to do regarding evaluation of a symptomatic contact with a history of a positive TB test. The rule also allows for use of a test for TB other than a Mantoux skin test, if the test is recommended by the CDC or the tuberculosis control officer. This will result in no burden on any person, but may result in a significant benefit to ADHS, LHAs, HCPs, HCIs, and the public because it may enable the use of newer and potentially more accurate TB tests as they become available. The rule also establishes that an HCI or CF administrator has primary responsibility, in consultation with the LHA, for identifying and evaluating contacts who were exposed in the HCI or CF. This may result in a moderate-to-substantial burden for HCI and CF administrators, from the time spent consulting with LHAs, the time spent identifying and evaluating contacts, and the testing supplies or chest x-rays used in evaluating contacts. ADHS believes that HCI and CF administrators generally are already doing this as part of their infection control procedures, but this requirement establishes that they are required to do so and requires consultation with the LHA. This will result in a significant benefit for ADHS, LHAs, HCIs, CFs, and the public (particularly patients or residents in HCIs or CFs and their contacts) because it helps to ensure that the persons in the best position to identify and evaluate contacts have that responsibility, which should lead to more effective infection control. ADHS estimates that the total cost of treating one individual with active pulmonary TB averages from \$10,000-\$20,000, so each case prevented results in a substantial benefit.

R9-6-384, the new rule for viral hemorrhagic fever, requires a diagnosing HCP or HCI administrator to isolate and implement contact precautions for a case or suspect case. This will result in no burden to a minimal burden to HCI administrators and diagnosing HCPs. ADHS believes that isolation with contact precautions of a case or suspect case is consistent with the accepted standard for infection control in the medical community. The rule merely establishes who is responsible for making it happen. This will result in a significant benefit for ADHS, LHAs, and the public because isolation of a case or suspect case will help to prevent transmission of disease. The rule also requires an LHA, in consultation with ADHS, to quarantine a contact as necessary to prevent transmission. This will result in a minimal burden for an LHA required to consult with ADHS, from the time spent in consultation, and in a minimal-to-moderate burden for an LHA required to quarantine a contact, from effecting the quarantine. This will result in a minimal-to-moderate burden for a quarantined contact, or the parent of a child who is a quarantined contact, because of the time lost from work. Depending upon the viral hemorrhagic fever agent, quarantine could last from several days to several weeks. This will result in a significant benefit for ADHS, LHAs, and the public because quarantine of contacts can prevent transmission of disease, which can save lives.

In R9-6-388, ADHS is adding a new rule for isolation and quarantine, which applies to the rules for emerging or exotic diseases, SARS, smallpox, vancomycin-resistant *Staphylococcus aureus*, and viral hemorrhagic fever. This rule requires an LHA to prepare a written plan for isolation or quarantine of an individual and to encourage the individual to comply with the plan voluntarily; to prepare a written order to cooperate to an individual who is not complying voluntarily with isolation or quarantine control measures; to petition for a court order within 10 days after issuing a written order to cooperate; and to notify each individual identified in a petition within 24 hours after filing the petition and according to the Arizona rules for civil procedure. Each of these requirements will result in a minimal-to-moderate burden for an LHA each time the requirement is implemented, from the time spent complying with the requirements. ADHS anticipates that these requirements will rarely be used because the relevant diseases are very rare. The requirements will also result in a significant benefit for ADHS, LHAs, and the public because isolation of cases or suspect cases and quarantine of contacts can prevent further transmission of disease. Effective use of these control measures is especially important for emerging or exotic diseases, smallpox, and viral hemorrhagic fever because any of these could be a sign of bioterrorism.

In the Rabies Control Article (Article 5), ADHS is updating R9-6-502 by adding ferrets and clarifying the requirements. This may result in a minimal-to-moderate burden for animal control agencies, which will be required to treat ferrets in the same manner as cats and dogs (rather than automatically euthanizing them if exposed). This will result

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in a significant benefit for ferret owners because their pet ferrets will be treated in the same manner as cats and dogs and may not be euthanized after exposure to a rabid animal.

In R9-6-504, ADHS is reducing the information required to be reported to ADHS by animal control agencies each year. This will result in a minimal-to-moderate benefit for animal control agencies, which will no longer be required to compile information about and report on various animal control agency activities.

ADHS is substantially revising Article 6, for Tuberculosis Control, by removing provisions that are unnecessary because of statutory changes to A.R.S. Title 36, Chapter 6, Article 6 and by adopting control measures for CFs at R9-6-603. R9-6-603 establishes TB screening and testing requirements for inmates, including annual testing for all inmates, specific control measures for inmates with symptoms suggestive of TB, chest x-ray and medical evaluation for specified inmate groups, and annual testing requirements. In addition, the rule requires that each inmate with active TB receive medical treatment that meets accepted standards of medical practice and be placed in isolation with airborne precautions until no longer infectious. The rule exempts from the screening, testing, medical evaluation, and treatment requirements inmates who are incarcerated for 13 days or less and CFs that do not house inmates for longer than 13 days. ADHS estimates that the annual cost of the screening, testing, and medical evaluation provisions in the rule will be potentially substantial for CFs, potentially costing the Arizona Department of Corrections approximately \$474,969-\$644,789, the combined county jails approximately \$3,963,224-\$5,317,300, and the combined private prisons approximately \$59,760-\$80,700. ADHS believes, however, that for most CFs, this is not a new burden; most CFs are already spending these funds to screen, test, and evaluate inmates for TB. In addition, a CF will incur a burden of \$3,000-\$5,000 for each inmate who is transported to an HCI for isolation with airborne precautions, because the inmate would be at the HCI from three days to two weeks, and will incur a moderate-to-substantial burden for each inmate who receives treatment while incarcerated. ADHS believes, however, that CFs with good infection control practices are already incurring these costs. The duration of an inmate's incarceration will determine how much of the treatment cost is borne by the CF. Treatment for TB takes at least six months and includes administration of multiple drugs over that time period. In spite of the substantial cost of the new requirements in R9-6-603, ADHS believes that the benefits of the rule outweigh the burdens. R9-6-603 will result in a substantial benefit for ADHS, LHAs, CFs, and the public because inmates are at an increased risk of being infected with TB or, if not infected when in-processed, of becoming infected with TB while incarcerated. If TB is controlled in the CF setting so that transmission is prevented, transmission to the public upon inmates' release will also be prevented. Each case prevented results in a substantial benefit. Additionally, CFs will be substantially benefited for each case identified during in-processing who thus does not enter the general population while infectious because they will be able to avoid contact investigations, which can be extensive and costly, and contact evaluations and, if any contacts have been infected, treatment of contacts.

R9-6-603 also requires all CF administrators to notify the LHA when a case or suspect case is released and to provide a case, suspect case, or inmate being treated for latent TB infection with the name and address of the LHA before release. These requirements will result in a minimal burden to CFs because of the time spent providing notice and will result in a substantial benefit for ADHS, LHAs, and the public because an LHA's receiving notice of a case's or suspect case's release should enable the LHA to ensure that the case or suspect case receives necessary evaluation and treatment, thereby preventing transmission of TB to the public upon the inmates' release. Providing inmates with latent TB infection information that enables them to contact the LHA for continuing treatment upon release will also help prevent transmission of TB to the public and will help to prevent drug-resistant TB from developing.

R9-6-604 requires that an HCP caring for an afflicted person explain to ADHS or an LHA, upon request, any deviation from the CDC's recommendations for treatment of TB. This will result in a minimal burden for an HCP who is requested to explain the HCP's deviation from CDC treatment recommendations and may result in a substantial benefit for ADHS, LHAs, and the public because it will provide ADHS or LHAs with the information needed to determine whether the treatment being provided for an afflicted person is appropriate and to step in if the treatment is not appropriate. A.R.S. § 36-723(C) authorizes the tuberculosis control officer to take charge of the investigation and treatment of a case or suspect case of TB if the officer reasonably believes that the public health and welfare require this action. Ensuring that TB treatment is appropriate will prevent transmission of TB to the public.

ADHS believes that CFs may hire additional staff or rearrange staff assignments to come into compliance with the new TB control measures. Whether this is necessary or not will depend upon the extent to which TB control measures are currently being used in a CF. For example, ADHS believes that Maricopa County, the Arizona Department of Corrections, and private prisons are already on the verge of complying with the TB control measures in the rules and will not need to add staff. ADHS does not believe that the rules will result in other impacts on private and public employment in businesses, agencies, and political subdivisions.

ADHS believes that the vast majority of HCPs impacted by these rules are in practices that would qualify as small businesses under the definition in the Arizona Administrative Procedure Act. ADHS also believes that a number of clinical laboratories, pharmacies, private schools, and health care institutions and all of the shelters in Arizona would qualify as small businesses. A large percentage of child care establishments are also small businesses. It is also possible that some of the private prisons in Arizona may qualify as small businesses. ADHS also believes that it is not possible to reduce the impact of the rules on small businesses. The purpose of this rulemaking is to improve Arizona's system for detecting, reporting, controlling, and preventing communicable diseases and thereby to protect and improve

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the public health. Any kind of exception or exemption granted to a small business could undermine this purpose. ADHS is not aware of any less intrusive or less costly alternative method of achieving the purpose of the rulemaking.

**9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:**

Name: Ken Komatsu, Surveillance Project Coordinator  
 Address: Arizona Department of Health Services  
 Office of Public Health Emergency Preparedness and Response  
 150 N. 18th Ave.  
 Phoenix, AZ 85007  
 Telephone: (602) 364-3289  
 Fax: (602) 364-3265  
 E-mail: kkomats@hs.state.az.us  
 or  
 Name: Kathleen Phillips, Rules Administrator  
 Address: Arizona Department of Health Services  
 Office of Administrative Rules  
 1740 W. Adams, Suite 202  
 Phoenix, AZ 85007  
 Telephone: (602) 542-1264  
 Fax: (602) 364-1150  
 E-mail: kphilli@hs.state.az.us

**10. The time, place, and nature of the proceedings for the adoption, amendment, or repeal of the rules, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:**

The Department has scheduled the following oral proceedings:

<b>Date</b>	February 9, 2004	February 10, 2004	February 11, 2004
<b>Time</b>	1:00 p.m.	1:00 p.m.	1:00 p.m.
<b>Location</b>	1740 W. Adams Room 411 Phoenix, AZ 85007	1500 E. Cedar Ave. Suite 22 Flagstaff, AZ 86004	400 W. Congress Room 5 Tucson, AZ 85701
<b>Nature</b>	Oral Proceeding	Oral Proceeding	Oral Proceeding

Written comments on the proposed rulemaking or the preliminary economic, small business, and consumer impact summary may be submitted to either individual listed in items #4 and #9 until the close of record at 5:00 p.m. on February 13, 2004.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable

**12. Incorporations by reference and their location in the rules:**

- R9-6-308: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.73, "Guide to Investigation of Infant Botulism" (September 1987)
- R9-6-309: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 4.153, "Brucellosis Case Surveillance Report (November 1980)
- R9-6-313: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other *Vibrio* Illness Surveillance Report" (July 2000)
- R9-6-322: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.13, "Investigation of a Foodborne Outbreak" (October 2000)  
 Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.12, "Waterborne Diseases Outbreak Report" (January 2003)
- R9-6-323: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Diphtheria Worksheet"

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- R9-6-324: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick-Borne Rickettsial Disease Case Report" (January 2001)
- R9-6-331: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993)  
Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Expanded Case Report Form: *Haemophilus Influenzae* Type B in Children < 5 Years of Age"
- R9-6-332: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.18, "Hansen's Disease Surveillance Form" (March 1996)
- R9-6-333: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Hantavirus Pulmonary Syndrome Case Report Form" (November 2002)  
Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Individual Questionnaire"
- R9-6-338: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 53.1, "Viral Hepatitis Case Record for Reporting of Patients with Symptomatic Acute Viral Hepatitis" (June 1993)
- R9-6-340: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.54, "Kawasaki Syndrome Case Reporting" (January 1991)
- R9-6-341: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.56, "Legionellosis Case Report" (August 1999)
- R9-6-342: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form 52.26, "Leptospirosis Case Investigation Report" (October 1987)
- R9-6-346: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.1, "Malaria Case Surveillance Report" (January 2002)
- R9-6-347: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Measles Surveillance Worksheet"
- R9-6-349: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Mumps Surveillance Worksheet"
- R9-6-351: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Pertussis Surveillance Worksheet"
- R9-6-352: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 56.37, "Plague Case Investigation Report" (May 1985)
- R9-6-353: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Suspected Polio Case Worksheet" (August 1998)
- R9-6-354: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.2, "Psittacosis Case Surveillance Report" (March 1981)
- R9-6-355: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Q Fever Case Report" (March 2002)
- R9-6-358: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.8, "CDC Reye Syndrome Case Investigation Report" (March 1985)
- R9-6-360: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Rubella Surveillance Worksheet"
- R9-6-361: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 71.17, "Congenital Rubella Syndrome Case Report" (March 1997)
- R9-6-370: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Tetanus Surveillance Worksheet"
- R9-6-371: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.3, "Toxic-Shock Syndrome Case Report" (April 1996)
- R9-6-372: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.7, "Trichinosis Surveillance Case Report" (February 1990)
- R9-6-373: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, "Report of Verified Case of Tuberculosis" (January 2003)



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- R9-6-375: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.5, "Typhoid Fever Surveillance Report" (June 1997)
- R9-6-378: Food and Drug Administration, U.S. Department of Health and Human Services, Form VAERS-1, "Vaccine Adverse Event Reporting System"
- Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet"
- Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine VAERS Report Follow-up Worksheet"
- R9-6-604: *American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), published in 167 *American Journal of Respiratory and Critical Care Medicine* 603-662 (February 15, 2003)

**13. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 6. DEPARTMENT OF HEALTH SERVICES  
COMMUNICABLE DISEASES AND INFESTATIONS**

**ARTICLE 1. ~~DEFINITIONS~~ GENERAL**

Section

- R9-6-101. Definitions
- R9-6-102. Release of Protected Health Information
- R9-6-103. Renumbered
- R9-6-105. Renumbered
- Exhibit I-A. Case Definitions for Suspected Clinically Significant Adverse Events
- R9-6-106. Renumbered

**ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING**

Section

- ~~R9-6-201.~~ Responsibilities for Reporting
- ~~R9-6-102.~~ R9-6-201. Communicable Disease Reporting Definitions
- R9-6-202. Special Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility
- Table 1. Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility
- R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter
- Table 2. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter
- R9-6-204. Clinical Laboratory Director Reporting Requirements
- Table 3. Clinical Laboratory Director Reporting Requirements
- R9-6-205. ~~Reserved~~ Reporting Requirements for a Pharmacist or Pharmacy Administrator
- ~~R9-6-203.~~ R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports
- R9-6-207. Federal or Tribal Entity Reporting

**ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE ~~AND PREVENTABLE~~ DISEASES  
AND INFESTATIONS**

Section

- ~~R9-6-301.~~ Diseases and Conditions Declared Reportable
- ~~R9-6-103.~~ R9-6-301. Control Measures for Communicable Diseases Definitions
- ~~R9-6-204.~~ R9-6-302. Other Local Health Agency Control Measures
- R9-6-303. Food Establishment Control Measures
- ~~R9-6-302.~~ R9-6-304. Amebiasis
- ~~R9-6-303.~~ R9-6-305. Anthrax
- ~~R9-6-304.~~ R9-6-306. Aseptic Meningitis: Viral
- R9-6-307. Basidiobolomycosis
- ~~R9-6-305.~~ R9-6-308. Botulism
- ~~R9-6-306.~~ R9-6-309. Brucellosis
- ~~R9-6-307.~~ R9-6-310. Campylobacteriosis

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~~R9-6-308.~~ R9-6-311. Chancroid (*Haemophilus ducreyi*)  
~~R9-6-309.~~ R9-6-312. ~~Chlamydia~~ Chlamydia Infection  
~~R9-6-310.~~ R9-6-313. Cholera  
~~R9-6-311.~~ R9-6-314. Coccidioidomycosis (Valley Fever)  
~~R9-6-312.~~ R9-6-315. Colorado Tick Fever  
~~R9-6-316.~~ Diarrhea of Newborn  
~~R9-6-313.~~ R9-6-316. Conjunctivitis: Acute  
~~R9-6-317.~~ Creutzfeldt-Jakob Disease  
~~R9-6-314.~~ R9-6-318. Cryptosporidiosis  
~~R9-6-319.~~ Cyclospora Infection  
~~R9-6-320.~~ Escherichia coli O157:H7 Infection  
~~R9-6-320.~~ Cysticercosis  
~~R9-6-315.~~ R9-6-321. Dengue  
~~R9-6-321.~~ R9-6-322. ~~Foodborne/Waterborne Illness: Unspecified Agent~~ Diarrhea, Nausea, or Vomiting  
~~R9-6-317.~~ R9-6-323. Diphtheria  
~~R9-6-318.~~ R9-6-324. Ehrlichiosis  
~~R9-6-325.~~ Emerging or Exotic Disease  
~~R9-6-319.~~ R9-6-326. Encephalitis: Viral or Parasitic  
~~R9-6-327.~~ Enterohemorrhagic Escherichia coli  
~~R9-6-328.~~ Enterotoxigenic Escherichia coli  
~~R9-6-329.~~ Hepatitis Non-A, Non-B  
~~R9-6-322.~~ R9-6-329. Giardiasis  
~~R9-6-330.~~ Herpes Genitalis  
~~R9-6-323.~~ R9-6-330. Gonorrhea  
~~R9-6-324.~~ R9-6-331. ~~Haemophilus influenzae: Invasive Diseases~~ Disease  
~~R9-6-332.~~ Human T-cell Lymphotropic Virus (HTLV I/II) Type I and II Infection  
~~R9-6-334.~~ R9-6-332. ~~Leprosy (Hansen's Disease)~~ (Leprosy)  
~~R9-6-325.~~ R9-6-333. Hantavirus Infection  
~~R9-6-334.~~ Hemolytic Uremic Syndrome  
~~R9-6-326.~~ R9-6-335. Hepatitis A  
~~R9-6-327.~~ R9-6-336. Hepatitis B and ~~Delta~~ Hepatitis D  
~~R9-6-328.~~ R9-6-337. Hepatitis C  
~~R9-6-338.~~ Hepatitis E  
~~R9-6-331.~~ R9-6-339. Human Immunodeficiency Virus (HIV) Infection and Related Disease  
~~R9-6-340.~~ Kawasaki Syndrome  
~~R9-6-333.~~ R9-6-341. Legionellosis (Legionnaires' Disease)  
~~R9-6-335.~~ R9-6-342. Leptospirosis  
~~R9-6-336.~~ R9-6-343. Listeriosis  
~~R9-6-337.~~ R9-6-344. Lyme Disease  
~~R9-6-345.~~ Lymphocytic Choriomeningitis  
~~R9-6-338.~~ R9-6-346. Malaria  
~~R9-6-339.~~ R9-6-347. Measles (Rubeola)  
~~R9-6-340.~~ R9-6-348. Meningococcal Invasive Disease  
~~R9-6-341.~~ R9-6-349. Mumps  
~~R9-6-342.~~ R9-6-350. Pediculosis (Lice Infestation)  
~~R9-6-343.~~ R9-6-351. Pertussis (Whooping Cough)  
~~R9-6-344.~~ R9-6-352. Plague  
~~R9-6-345.~~ R9-6-353. Poliomyelitis  
~~R9-6-346.~~ R9-6-354. Psittacosis (Ornithosis)  
~~R9-6-347.~~ R9-6-355. Q Fever  
~~R9-6-348.~~ R9-6-356. Rabies in ~~Humans a Human~~ Human  
~~R9-6-357.~~ Staphylococcal Skin Disease  
~~R9-6-349.~~ R9-6-357. Relapsing Fever (Borreliosis)  
~~R9-6-350.~~ R9-6-358. Reye Syndrome  
~~R9-6-359.~~ Streptococcal Group B: Invasive Disease in Infants Less Than 30 Days of Age  
~~R9-6-351.~~ R9-6-359. Rocky Mountain Spotted Fever  
~~R9-6-352.~~ R9-6-360. Rubella (German Measles)  
~~R9-6-353.~~ R9-6-361. Rubella Syndrome, Congenital  
~~R9-6-354.~~ R9-6-362. Salmonellosis

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~~R9-6-355.~~ R9-6-363. Scabies  
~~R9-6-364.~~ R9-6-364. Severe Acute Respiratory Syndrome  
~~R9-6-356.~~ R9-6-365. Shigellosis  
~~R9-6-366.~~ R9-6-366. Smallpox  
~~R9-6-358.~~ R9-6-367. Streptococcal Disease and Invasive Group A Streptococcal Disease Group A Infection  
~~R9-6-360.~~ R9-6-368. Syphilis  
~~R9-6-361.~~ R9-6-369. Taeniasis  
~~R9-6-362.~~ R9-6-370. Tetanus  
~~R9-6-363.~~ R9-6-371. Toxic Shock Syndrome  
~~R9-6-364.~~ R9-6-372. Trichinosis  
~~R9-6-365.~~ R9-6-373. Tuberculosis  
~~R9-6-366.~~ R9-6-374. Tularemia  
~~R9-6-367.~~ R9-6-375. Typhoid Fever  
~~R9-6-368.~~ R9-6-376. Typhus Fever: Flea-borne  
~~R9-6-377.~~ R9-6-377. Unexplained Death with a History of Fever  
~~R9-6-378.~~ R9-6-378. Vaccinia-Related Adverse Event  
~~R9-6-369.~~ R9-6-379. Vancomycin-Resistant ~~Enterococcus~~ *Enterococcus* spp.  
~~R9-6-370.~~ R9-6-380. Vancomycin-Resistant *Staphylococcus aureus*  
~~R9-6-371.~~ R9-6-381. Vancomycin-Resistant *Staphylococcus epidermidis*  
~~R9-6-372.~~ R9-6-382. Varicella (Chickenpox)  
~~R9-6-373.~~ R9-6-383. ~~Vibrio~~ *Vibrio* Infection  
~~R9-6-384.~~ R9-6-384. Viral Hemorrhagic Fever  
~~R9-6-385.~~ R9-6-385. West Nile Virus Fever or West Nile Encephalitis  
~~R9-6-374.~~ R9-6-386. Yellow fever Fever  
~~R9-6-375.~~ R9-6-387. Yersiniosis  
~~R9-6-388.~~ R9-6-388. Isolation and Quarantine  
Exhibit III-A. Campylobacter Investigation Form  
Exhibit III-B. Cryptosporidiosis Investigation Form  
Exhibit III-C. Suspected Viral Gastroenteritis Outbreak Form  
Exhibit III-D. West Nile Encephalitis Case Investigation Form  
Exhibit III-E. *E. coli* O157:H7 Investigation Form  
Exhibit III-F. Giardiasis Investigation Form  
Exhibit III-G. Hepatitis A Case Report  
Exhibit III-H. Acute Hepatitis B and D Case Report  
Exhibit III-I. Perinatal Hepatitis B Case Management Report  
Exhibit III-J. Listeriosis Investigation Form  
Exhibit III-K. Lyme Disease Report Form  
Exhibit III-L. Salmonellosis Investigation Form  
Exhibit III-M. Shigella Disease Investigation Form  
Exhibit III-N. RVCT Addendum Form for TB Reporting

ARTICLE 5. RABIES CONTROL

Section

~~R9-6-405.~~ R9-6-501. Rabies Control Definitions  
~~R9-6-501.~~ R9-6-502. Management of Exposed Animals Exposed to a Known Rabid Animal  
~~R9-6-502.~~ R9-6-503. Suspect Rabies Cases  
~~R9-6-503.~~ R9-6-504. Records Submitted by Enforcement Agents Animal Control Agency Reporting Requirements

ARTICLE 6. TUBERCULOSIS CONTROL

Section

~~R9-6-406.~~ R9-6-601. Tuberculosis Control Definitions  
~~R9-6-602.~~ R9-6-602. Issuance and Enforcement of an Order for Isolation and Quarantine  
~~R9-6-601.~~ R9-6-602. Reports of Disease and Infection; Tuberculosis Registry Local Health Agency Reporting Requirements  
~~R9-6-603.~~ R9-6-603. Removal of Persons to Another State or Country  
~~R9-6-603.~~ R9-6-603. Tuberculosis Control in Correctional Facilities  
~~R9-6-604.~~ R9-6-604. Standards of Medical Care

**ARTICLE 1. ~~DEFINITIONS~~ GENERAL**

**R9-6-101. Definitions**

In this Chapter, unless otherwise specified:

1. "Administrator" means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.
- ~~1-2.~~ "AIDS" means Acquired Immunodeficiency Syndrome.
2. "Approved" means acceptable to the Department.
3. "Authorized Representative" means a person designated by a physician, health care institution administrator, school, preschool, child care center, laboratory, or director of local health agency to perform specific tasks for the prevention, investigation, or reporting of a disease.
3. "Airborne infection isolation" means, in addition to use of Standard precautions, placement of a case in a private room or a cohort room with negative air-pressure ventilation and use of respiratory protection when in the room.
4. "Approved test for tuberculosis" means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer.
5. "Barrier" means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
- ~~4-6.~~ "Body fluid" means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, or saliva.
- ~~5-7.~~ "Carrier" means an infected individual with an asymptomatic infection that can be transmitted without symptoms who can spread the infection to a susceptible individual.
- ~~6-8.~~ "Case" means an individual:
  - a. ~~with~~ With a clinical syndrome of a communicable disease whose condition is documented:
    - ~~a-i.~~ By laboratory results that support the presence of the causative agent;
    - ~~b-ii.~~ By a health care provider's diagnosis based on clinical observation; or
    - ~~c-iii.~~ By epidemiologic associations with communicable disease, the causative agent, or its toxic products;
  - b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak;
  - c. Who has died without apparent cause within 48 hours after experiencing a fever; or
  - d. Who has experienced a Vaccinia-related adverse event.
9. "Child" means an individual younger than 18 years of age.
10. "Child care establishment" means:
  - a. A "child care facility," as defined in A.R.S. § 36-881;
  - b. A "child care group home," as defined in A.R.S. § 36-897;
  - c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or
  - d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
11. "Cohort room" means a room housing only individuals infected with the same agent and no other agent.
- ~~7-12.~~ "Communicable disease" means an illness caused by an infectious agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
- ~~8-13.~~ "Communicable period" means the time during which an infectious agent may be ~~transferred~~ transmitted directly or indirectly:
  - a. ~~from~~ From an infected person individual to another person individual;
  - b. ~~from~~ From an infected animal, arthropod, or vehicle to a person an individual; or
  - c. ~~from~~ From an infected person individual to an animal.
14. "Contact" means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.
15. "Correctional facility" means any place used for the confinement or control of an individual:
  - a. Charged with or convicted of an offense.
  - b. Held for extradition, or
  - c. Pursuant to a court order for law enforcement purposes.
- ~~9-16.~~ "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
- ~~10-17.~~ "Department" means the Arizona Department of Health Services.
18. "Emerging or exotic disease" means:
  - a. A new disease resulting from change in an existing organism.
  - b. A known disease not usually found in the geographic area or population in which it is found.
  - c. A previously unrecognized disease appearing in an area undergoing ecologic transformation, or
  - d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent or a breakdown in public health measures.
11. "Employee" means any paid or volunteer, full or part-time worker at any facility or establishment.

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- ~~12-19.~~ “Epidemiologic investigation” means the application of scientific methods to verify a diagnosis; ~~identify risk factors for a disease; determine the potential for spread,~~ spreading a disease; institute control measures; ~~and complete requisite forms and reports such as~~ communicable disease ~~and~~ case investigation ~~and outbreak~~ reports.
20. “Fever” means a temperature of 101° F or higher.
21. “Food establishment” has the same meaning as in the document incorporated by reference in A.A.C. R9-8-107.
- ~~13-22.~~ “Food handler” means:
- ~~a. any employee of A~~ paid or volunteer full- or part-time worker ~~a food service establishment~~ who prepares or serves food or who ~~has direct contact with~~ otherwise touches food in a food establishment; or
  - ~~b. A~~ paid or volunteer full- or part-time worker who prepares or serves food or who otherwise touches food in a group setting other than a food establishment.
- ~~14-23.~~ “Foodborne/waterborne Foodborne” means ~~that~~ food or water serves as a source for the spread of disease or illness mode of transmission of an infectious agent.
24. “Guardian” means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
- ~~15-25.~~ “HBsAG HBsAg” means ~~the~~ hepatitis B surface antigen, ~~the outer surface portion of the Hepatitis B Virus which can be detected in the blood of an individual with an active hepatitis B infection or a carrier of hepatitis B.~~
26. “Health care institution” has the same meaning as in A.R.S. § 36-401.
- ~~16-27.~~ “Health care provider” means a physician, physician assistant, registered nurse practitioner, or dentist.
- ~~17-28.~~ “HIV” means Human Immunodeficiency Virus.
- ~~18-29.~~ “HIV-related test” has the same meaning as in A.R.S. § 36-661.
30. “Infant” means a child younger than 12 months of age.
31. “Isolate” means:
- ~~a. To separate an infected individual or animal from others to limit the transmission of infectious agents, or~~
  - ~~b. A pure strain of an agent obtained from a specimen.~~
- ~~19-32.~~ “Isolation” means ~~the~~ separation, during the communicable period, of ~~an infected persons individual or animals animal~~ from others, ~~so as to~~ limit the transmission of infectious agents.
- ~~20-33.~~ “Local health agency” means a county health department, a public health services district, a tribal health unit, or a United States U.S. Public Health Service Indian Health Service Unit.
- ~~21-34.~~ “Outbreak” means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
35. “Parent” means a biological or adoptive mother or father.
36. “Pharmacy” has the same meaning as in A.R.S. § 32-1901.
- ~~22-37.~~ “Physician” means an individual licensed as a doctor of:
- ~~a. Allopathic medicine under A.R.S. Title 32, Chapter 13;~~
  - ~~b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;~~
  - ~~c. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or~~
  - ~~d. Homeopathic medicine under A.R.S. Title 32, Chapter 29.~~
- ~~23-38.~~ “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- ~~24-39.~~ “Quarantine” means the restriction of activities of ~~persons an individual or animals who have~~ animal that has been exposed to a case or carrier of a communicable disease during ~~its the~~ communicable period.
- ~~25-40.~~ “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
41. “Respiratory protection” means a device, worn on the face, that can:
- ~~a. Filter particles one micrometer in size in the unloaded state, with a filter efficiency of 95% or greater;~~
  - ~~b. Be qualitatively or quantitatively fit tested to obtain a face-seal leakage of 10% or less; and~~
  - ~~c. Be checked for fit by the wearer each time it is worn.~~
42. “School” means:
- ~~a. An “accommodation school,” as defined in A.R.S. § 15-101;~~
  - ~~b. A “charter school,” as defined in A.R.S. § 15-101;~~
  - ~~c. A “private school,” as defined in A.R.S. § 15-101;~~
  - ~~d. A “school,” as defined in A.R.S. § 15-101;~~
  - ~~e. A college or university;~~
  - ~~f. An institution that offers a “private vocational program,” as defined in A.R.S. § 32-3001; or~~
  - ~~g. An institution that grants a “degree,” as defined in A.R.S. § 32-3001, for completion of an educational program of study.~~
43. “Shelter” means:
- ~~a. A facility or home that provides “shelter care,” as defined in A.R.S. § 8-201;~~
  - ~~b. A “homeless shelter,” as defined in A.R.S. § 16-121; or~~
  - ~~c. A “shelter for victims of domestic violence,” as defined in A.R.S. § 36-3001.~~
26. “Special ventilation” means an air exhaust system which generates negative air pressure within a room and does not recirculate air exiting the room.

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44. "Standard precautions" means the use of barriers by an individual to prevent parenteral, mucous membrane, and non-intact skin exposure to body fluids and secretions other than sweat.
- ~~27-45.~~ "Subject" means an individual whose blood or other body fluid has been tested or is to be tested.
- ~~28-46.~~ "Suspect case" means an individual whose medical history, signs, or symptoms indicate that the individual:
- a. ~~may~~ May have or is developing a communicable disease;
  - b. May have experienced diarrhea, nausea, or vomiting as part of an outbreak;
  - c. May have died without apparent cause after a febrile illness, or
  - d. May have experienced a Vaccinia-related adverse event.
- ~~29-47.~~ "Syndrome" means a pattern of signs and symptoms characteristic of a specific disease.
48. "Unexplained death with a history of fever" means the demise of an individual who has had a fever within 48 hours before death and whose illness has not been diagnosed at the time of death.
49. "Vaccinia-related adverse event" means any of the reactions described in Exhibit I-A.
50. "Viral hemorrhagic fever" means febrile illness characterized by hemorrhaging and caused by an Arenavirus, a Bunyavirus, a Filovirus, a Flavivirus, or another virus.
51. "Waterborne" means that water serves as a mode of transmission of an infectious agent.
52. "Working day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

**R9-6-102. Release of Protected Health Information**

A person in possession of protected health information, as defined in 45 C.F.R. 160.501, shall release the protected health information to the Department or a local health agency if the protected health information is requested for the purpose of detecting, preventing, or controlling disease, injury, or disability.

**R9-6-103. Renumbered**

**R9-6-105. Renumbered**

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**Exhibit I-A: Case Definitions for Suspected Clinically Significant Adverse Events**

<b>Adverse Event</b>	<b>Case Definition</b>
Anaphylaxis	Hypotension, tachycardia, nausea, vomiting, collapse in first hours after smallpox vaccination
Eczema vaccinatum	<ul style="list-style-type: none"> <li>• Extensive vesicular and pustular eruption anywhere, or</li> <li>• More limited vesicular or pustular eruption occurring in more than one site typically affected by atopic dermatitis (inner elbow folds, back of knees, face)</li> </ul> <p>Comments: Usually occurs in a patient with a history of skin disease, especially atopic dermatitis. Usually occurs concurrently or shortly after the local vaccinia lesion in a vaccinee or 5-19 days after exposure in a contact. Patients usually have signs of moderate to severe systemic illness, including fever, malaise, prostration.</p>
Fetal vaccinia	Generalized vaccinia type rash (vesicular, pustular, or ulcerative) in newborn of vaccinated mother
Generalized vaccinia (severe)	Disseminated maculopapular or vesicular lesions with either: a. Symptoms of moderate to severe systemic illness, including fever, malaise, prostration; or b. Documented immunodeficiency
Inadvertent inoculation (severe)	<p>Extensive vesicular and pustular lesions at distal sites in a vaccinee or any sites in a contact, which are not generalized but may involve large contiguous areas, including sites of other skin injury.</p> <p>Comments: Sites usually consistent with physical transfer of virus from primary vaccination site and most commonly are the face, eyelids, nose, mouth, lips, genitalia, and anus.</p>
Ocular vaccinia	Inflammation involving peri-ocular soft tissue or the eye itself (blepharitis, conjunctivitis, keratitis, or iritis) in a recent vaccinee or contact of vaccinee
Post-vaccinia encephalitis or encephalomyelitis	Any change in mental status (confusion, delirium, somnolence) or in sensorimotor function (altered sensation, weakness, paresis) occurring 6-15 days after vaccination
Progressive vaccinia	<ul style="list-style-type: none"> <li>• Progressive expansion of the vaccination site lesion, often with necrosis, or</li> <li>• Failure to heal the vaccinia lesion(s), or</li> <li>• Disseminated vaccinia lesions</li> </ul> <p>In association with</p> <ul style="list-style-type: none"> <li>• Minimal or no inflammatory response to the vaccinia lesion(s)</li> </ul> <p>Comments: Either (a) rapid progression of the vaccination site lesion with minimal inflammation at any time, or (b) progression at any rate with minimal inflammation after 15 days should suggest progressive vaccinia.</p>
Rashes (severe)	Generalized rash with mucosal ulceration or symptoms of moderate to severe systemic illness, including fever, malaise, prostration

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

**R9-6-201. Responsibilities for Reporting**

~~Within five business days of diagnosis or treatment, a physician or an administrator of a health care facility or an authorized representative shall submit a communicable disease report to the local health agency unless otherwise specified in this Chapter.~~

**~~R9-6-102.~~ R9-6-201. Communicable Disease Reporting Definitions**

In ~~this~~ Article-2, unless otherwise specified:

- ~~1. "Health care facility" means any hospital, medical clinic, or nursing care facility, whether organized for profit or not.~~
- ~~2. "Medical information" means case, suspect case, carrier and suspect carrier reports; contact and suspect contact reports; and diagnostic information which is reported to the Department or a local health agency.~~
- ~~1. "Drug" has the same meaning as in A.R.S. § 32-1901.~~
- ~~2. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.~~
- ~~3. "Point of contact" means an individual through whom the Department or a local health agency can obtain information upon request.~~
- ~~4. "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.~~

**R9-6-202. Special Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility**

~~A. A physician or an administrator of a health care facility, or an authorized representative, shall submit a communicable disease report of a case or a suspect case of the following diseases and conditions within 24 hours of diagnosis to the local health agency by telephone or other equally expeditious means:~~

- ~~1. Botulism;~~
- ~~2. Cholera;~~
- ~~3. Diphtheria;~~
- ~~4. *Haemophilus influenzae* type b: invasive disease;~~
- ~~5. Measles (rubeola);~~
- ~~6. Meningococcal invasive disease;~~
- ~~7. Outbreaks of foodborne/waterborne illness;~~
- ~~8. Pertussis (whooping cough);~~
- ~~9. Plague;~~
- ~~10. Poliomyelitis;~~
- ~~11. Rabies in humans;~~
- ~~12. Rubella (German measles);~~
- ~~13. Tuberculosis diseases; including tuberculosis infection in a child less than 6 years of age;~~
- ~~14. Vancomycin resistant *Staphylococcus aureus*; and~~
- ~~15. Yellow fever.~~

~~B. A physician or an administrator of a health care facility, or an authorized representative, shall submit a communicable disease report of a case, suspect case or carrier of the following diseases in a food handler, nursing home caregiver or child care worker within 24 hours of diagnosis to the local health agency by telephone or other equally expeditious means:~~

- ~~1. Amebiasis;~~
- ~~2. Campylobacteriosis;~~
- ~~3. *Escherichia coli* O157:H7 infection;~~
- ~~4. Giardiasis;~~
- ~~5. Hepatitis A or unspecified;~~
- ~~6. Salmonellosis;~~
- ~~7. Shigellosis; and~~
- ~~8. Typhoid fever.~~

~~C. An administrator or authorized representative of a school, child care center or preschool shall report by telephone or equally expeditious means within 24 hours of discovery to the local health agency; an outbreak of:~~

- ~~1. Foodborne or waterborne illness;~~
- ~~2. Giardiasis;~~
- ~~3. *Haemophilus influenzae* type b: invasive disease;~~
- ~~4. Hepatitis A;~~
- ~~5. Measles (rubeola);~~
- ~~6. Meningococcal invasive disease;~~
- ~~7. Mumps;~~
- ~~8. Pertussis (whooping cough);~~



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9. Rubella (German measles);
  10. Scabies; and
  11. Shigellosis.
- D.** A clinical laboratory director, either personally or through a representative, shall submit to the Department a weekly written, or electronic report of the following:
1. Positive laboratory findings for the following communicable disease pathogens:
    - a. *Bordetella pertussis*;
    - b. *Brucella* sp.;
    - c. *Campylobacter* sp.;
    - d. *Chlamydia trachomatis*;
    - e. *Coccidioides immitis*: culture or serologies;
    - f. *Cryptosporidium* sp.;
    - g. *Escherichia coli* O157:H7;
    - h. Group A *Streptococcus*: isolated from normally sterile site, tissue, or body fluid;
    - i. Group B *Streptococcus*: isolated from normally sterile site, tissue or body fluid;
    - j. *Haemophilus influenzae*: isolated from normally sterile sites;
    - k. Hantavirus;
    - l. Hepatitis A Virus (anti HAV-IgM serologies);
    - m. Hepatitis B Virus (anti-Hepatitis B core-IgM serologies and Hepatitis B surface antigen serologies);
    - n. Hepatitis C Virus (anti-Hepatitis C RIBA, PCR or other confirmatory test);
    - o. Hepatitis Delta Virus;
    - p. Human Immunodeficiency Virus (HIV) (by culture, antigen, antibodies to the virus, or viral genetic sequence detection);
    - q. Human T-cell Lymphotropic Virus type I and II;
    - r. *Legionella* sp.: culture or DFA;
    - s. *Listeriosis* sp.: culture isolated from normally sterile sites only;
    - t. *Mycobacterium tuberculosis* and its drug sensitivity pattern;
    - u. *Neisseria gonorrhoeae*;
    - v. *Neisseria meningitidis*;
    - w. *Plasmodium* sp.;
    - x. *Streptococcus pneumoniae* and its drug sensitivity pattern: culture isolated from normally sterile sites only;
    - y. *Treponema pallidum* (syphilis);
    - z. Vancomycin resistant *Enterococcus*;
    - aa. Vancomycin resistant *Staphylococcus aureus*;
    - bb. Vancomycin resistant *Staphylococcus epidermidis*;
    - cc. *Vibrio* sp.; and
    - dd. *Yersinia* sp.; and
  2. Each laboratory finding of a CD4 T-lymphocyte count of fewer than 200 per microliter of whole blood or a CD4-T-lymphocyte percentage of total lymphocytes of less than 14%.
- E.** The written or electronic laboratory report shall include:
1. Unless the test result is from anonymous HIV testing as described in R9-6-331, name and, if available, address and telephone number of the patient;
  2. Unless the test result is from anonymous HIV testing as described in R9-6-331, date of birth of the patient;
  3. Reference number;
  4. Specimen type;
  5. Date of collection;
  6. Type of test;
  7. Test results; and
  8. Ordering physician's name and telephone number.
- F.** A clinical laboratory director, or authorized representative, shall submit isolates of the following organisms to the Arizona State Laboratory:
1. *Bordetella pertussis*;
  2. *Haemophilus influenzae* from sterile sites only;
  3. Group A *Streptococcus* from sterile sites only;
  4. *Neisseria meningitidis*;
  5. *Salmonella* sp.; and
  6. Vancomycin resistant *Staphylococcus aureus*.

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- A.** A health care provider who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 1 or detects an occurrence listed in Table 1 shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).
- B.** An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 1 is diagnosed, treated, or detected or an occurrence listed in Table 1 is detected shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).
- C.** Except as described in subsections (D) and (E), for each case, suspect case, or occurrence for which a report is required by subsection (A) or (B) and Table 1, a health care provider or an administrator of a health care institution or correctional facility shall submit a report that includes:
1. The following information about the case or suspect case:
    - a. Name;
    - b. Residential and mailing addresses;
    - c. Whether the individual resides on or off an Indian reservation and, if on, the name of the reservation;
    - d. Telephone number;
    - e. Date of birth;
    - f. Race and ethnicity;
    - g. If Native American, tribal affiliation, if known;
    - h. Gender;
    - i. If known, whether the individual is pregnant;
    - j. Occupation;
    - k. If known, whether the individual is attending a school or a child care establishment and, if so, the name of the school or child care establishment; and
    - l. For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, and telephone number of the child's parent or guardian, if known;
  2. The following information about the disease:
    - a. The name of the disease;
    - b. The date of onset of symptoms;
    - c. The date of diagnosis;
    - d. The date of specimen collection;
    - e. Each type of specimen collected;
    - f. Each type of laboratory test completed;
    - g. The date of laboratory confirmation; and
    - h. A description of the laboratory test results, including quantitative values if available; and
  3. The name, address, and telephone number of the individual making the report.
- D.** For each unexplained death with a history of fever, a health care provider or an administrator of a health care institution or correctional facility shall submit a report that includes:
1. The following information about the deceased individual:
    - a. Name;
    - b. Residential address;
    - c. Telephone number; and
    - d. If known, medical history;
  2. A description of the clinical course of the illness that resulted in death;
  3. A list of the laboratory tests completed on the deceased individual and, if available, the laboratory test results, including quantitative values;
  4. The suspected cause or causes of death;
  5. If known, the status of the autopsy;
  6. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact; and
  7. The name, address, and telephone number of the individual making the report.
- E.** For each outbreak for which a report is required by subsection (A) or (B) and Table 1, a health care provider or an administrator of a health care institution or correctional facility shall submit a report that includes:
1. A description of the signs and symptoms of the illness;
  2. If possible, a diagnosis of the illness;
  3. The number of known cases and suspect cases;
  4. For each known case or suspect case, the following information:
    - a. Name;
    - b. Residential address;
    - c. Telephone number;

- d. If the case or suspect case is a child, the name, residential address, and telephone number of the child's parent or guardian;
- e. A list of the laboratory tests completed on the individual and, if available, the laboratory test results, including quantitative values;
- f. A description of the medications prescribed; and
- g. Medical history;
- 5. A description of the suspected source and setting of the outbreak; and
- 6. The name, address, and telephone number of the individual making the report.
- F.** A health care provider who orders an HIV-related test on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV or an administrator of a health care institution in which an HIV-related test is ordered on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV shall, either personally or through a representative, report the following to the Department within five working days after receiving the results of the HIV-related test:
  - 1. The name of the infant;
  - 2. The name of the infant's mother;
  - 3. The infant's date of birth;
  - 4. The type of HIV-related test ordered;
  - 5. The date of the HIV-related test;
  - 6. The results of the HIV-related test; and
  - 7. The ordering health care provider's name, address, and telephone number.
- G.** Except as provided in Table 1, a health care provider or an administrator of a health care institution or correctional facility shall, either personally or through a representative, submit a report required under this Section:
  - 1. By telephone;
  - 2. On a form sent by fax, delivery service, or mail; or
  - 3. Through an electronic reporting system authorized by the Department.

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**Table 1. Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility**

*,O <u>Amebiasis</u>	<u>Hantavirus infection</u>	*,O <u>Salmonellosis</u>
<u>Anthrax</u>	<u>Hemolytic uremic syndrome</u>	O <u>Scabies</u>
<u>Aseptic meningitis: viral</u>	*,O <u>Hepatitis A</u>	<u>Severe acute respiratory syndrome</u>
<u>Basidiobolomycosis</u>	<u>Hepatitis B and D</u>	*,O <u>Shigellosis</u>
<u>Botulism</u>	<u>Hepatitis C</u>	<u>Smallpox</u>
O <u>Brucellosis</u>	*,O <u>Hepatitis E</u>	<u>Streptococcal Group A: Invasive disease</u>
*,O <u>Campylobacteriosis</u>	<u>Herpes genitalis</u>	<u>Streptococcal Group B: Invasive disease in infants younger than 90 days of age</u>
<u>Chancroid</u>	<u>HIV infection and related disease</u>	<u><i>Streptococcus pneumoniae</i> (pneumococcal invasive disease)</u>
<u>Chlamydia</u>	<u>Kawasaki syndrome</u>	<u>Syphilis</u>
O* <u>Cholera</u>	<u>Legionellosis (Legionnaires' disease)</u>	*,O <u>Taeniasis</u>
<u>Coccidioidomycosis (valley fever)</u>	<u>Leptospirosis</u>	<u>Tetanus</u>
<u>Colorado tick fever</u>	<u>Listeriosis</u>	<u>Toxic shock syndrome</u>
O <u>Conjunctivitis: acute</u>	<u>Lyme disease</u>	<u>Trichinosis</u>
<u>Creutzfeldt-Jakob disease</u>	<u>Lymphocytic choriomeningitis</u>	O <u>Tuberculosis</u>
*,O <u>Cryptosporidiosis</u>	<u>Malaria</u>	<u>Tularemia</u>
<u><i>Cyclospora</i> infection</u>	<u>Measles (rubeola)</u>	<u>Typhoid fever</u>
<u>Cysticercosis</u>	<u>Meningococcal invasive disease</u>	O <u>Typhus fever</u>
<u>Dengue</u>	O <u>Mumps</u>	<u>Unexplained death with a history of fever</u>
O <u>Diarrhea, nausea, or vomiting</u>	O <u>Pertussis (whooping cough)</u>	O <u>Vaccinia-related adverse event</u>
<u>Diphtheria</u>	<u>Plague</u>	<u>Vancomycin-resistant <i>Enterococcus</i> spp.</u>
<u>Ehrlichiosis</u>	<u>Poliomyelitis</u>	<u>Vancomycin-resistant <i>Staphylococcus aureus</i></u>
<u>Emerging or exotic disease</u>	<u>Psittacosis (ornithosis)</u>	<u>Vancomycin-resistant <i>Staphylococcus epidermidis</i></u>
O <u>Encephalitis, viral or parasitic</u>	O <u>Q fever</u>	<u>Varicella (chickenpox)</u>
<u>Enterohemorrhagic <i>Escherichia coli</i></u>	<u>Rabies in a human</u>	*,O <u><i>Vibrio</i> infection</u>
<u>Enterotoxigenic <i>Escherichia coli</i></u>	<u>Relapsing fever (borreliosis)</u>	<u>Viral hemorrhagic fever</u>
*,O <u>Giardiasis</u>	<u>Reye syndrome</u>	<u>West Nile virus infection</u>
<u>Gonorrhea</u>	<u>Rocky Mountain spotted fever</u>	<u>Yellow fever</u>
<u><i>Haemophilus influenzae</i>: invasive disease</u>	O* <u>Rubella (German measles)</u>	*,O <u>Yersiniosis</u>
<u>Hansen's disease (Leprosy)</u>	O <u>Rubella syndrome, congenital</u>	

**Key:**












- Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected.
- \* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.
- O Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
- Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- O Submit a report within 24 hours after detecting an outbreak.

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**R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter**

- A.** An administrator of a school, child care establishment, or shelter shall, either personally or through a representative, report a case, suspect case, or outbreak of a disease, infestation, or occurrence to the local health agency within the time limitation and as specified in Table 2 and subsection (B).
- B.** An administrator of a school, child care establishment, or shelter shall report a case, suspect case, or outbreak by telephone and shall include the following information in the report:
1. The name and address of the school, child care establishment, or shelter;
  2. The number of individuals with the disease, infestation, or symptoms;
  3. The date and time that the disease or infestation was detected or that the symptoms began;
  4. The number of rooms, grades, or classes affected and the name of each;
  5. The following information about each individual with illness:
    - a. Name, and
    - b. Whether the individual is a staff member, a student, a child in care, or a resident;
  6. The number of individuals attending or residing at the school, establishment, or shelter; and
  7. The name, address, and telephone number of the individual making the report.

**Table 2. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter**

	<u>Cryptosporidiosis</u>		<u>Pertussis (whooping cough)</u>
<u>O</u>	<u>Diarrhea, nausea, or vomiting</u>		<u>Rubella (German measles)</u>
	<u><i>Haemophilus influenzae</i>: invasive disease</u>		<u>Salmonellosis</u>
	<u>Hepatitis A</u>	<u>O</u>	<u>Scabies</u>
	<u>Measles</u>		<u>Shigellosis</u>
	<u>Meningococcal invasive disease</u>	<u>O</u>	<u>Streptococcal Group A infection</u>
	<u>Mumps</u>		<u>Varicella (chicken pox)</u>

**Key:**

-  Submit a report within 24 hours after detecting a case or suspect case.
-  Submit a report within five working days after detecting a case or suspect case.
- O Submit a report within 24 hours after detecting an outbreak.

**R9-6-204. Clinical Laboratory Director Reporting Requirements**

- A.** A director of a clinical laboratory that obtains a test result described in Table 3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 3 shall, either personally or through a representative, submit a report and, if applicable, isolates to the Department within the time limitation and as specified in Table 3 and subsection (B) or (C).
- B.** Except as provided in Table 3, for each test result for which a report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:
1. Unless the test result is from anonymous HIV testing as described in R9-6-339, the name and, if available, the address and telephone number of the subject;
  2. Unless the test result is from anonymous HIV testing as described in R9-6-339, the date of birth of the subject;
  3. The laboratory identification number;
  4. The specimen type;
  5. The date of collection of the specimen;
  6. The type of test completed on the specimen;
  7. The test result, including quantitative values if available; and
  8. The ordering health care provider's name and telephone number.
- C.** For each specimen for which an immediate report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:
1. The name and, if available, the address and telephone number of the subject;
  2. The date of birth of the subject;
  3. The laboratory identification number;
  4. The specimen type;
  5. The date of collection of the specimen;
  6. The type of test ordered on the specimen; and
  7. The ordering health care provider's name and telephone number.
- D.** A clinical laboratory director shall submit a report by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department. Except as provided in Table 3, each report shall contain the information required under subsection (B) or (C).

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**Table 3. Clinical Laboratory Director Reporting Requirements**

①	<u>Arboviruses</u>	☒, ④	<u>Haemophilus influenzae, other, isolated from a normally sterile site</u>	①, ④	<u>Salmonella spp.</u>
☛, ☛, ④	<u>Bacillus anthracis</u>	☒	<u>Hantavirus</u>	☛	<u>SARS-associated corona virus</u>
☛, ④	<u>Bordetella pertussis</u>	☒	<u>Hepatitis A virus (anti-HAV-IgM serologies)</u>	①, ④	<u>Shigella spp.</u>
①, ④	<u>Brucella spp.</u>	☒	<u>Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface antigen serologies, and polymerase chain reactions)</u>	☒, ④	<u>Streptococcus Group A, isolated from a normally sterile site</u>
☒	<u>Campylobacter spp.</u>	☒	<u>Hepatitis C virus</u>	☒	<u>Streptococcus Group B, isolated from a normally sterile site in an infant younger than 90 days of age</u>
☒	<u>CD4-T-lymphocyte count of fewer than 200 per microliter of whole blood or CD4-T-lymphocyte percentage of total lymphocytes of less than 14%</u>	☒	<u>Hepatitis D virus</u>	☒, ④	<u>Streptococcus pneumoniae and its drug sensitivity pattern, isolated from a normally sterile site</u>
☒	<u>Chlamydia trachomatis</u>	☒	<u>Hepatitis E virus</u>	☒	<u>Treponema pallidum (syphilis)</u>
☛, ☛	<u>Clostridium botulinum toxin (botulism)</u>	☒	<u>HIV (by culture, antigen, antibodies to the virus, or viral genetic sequence detection)</u>	☒	<u>Vancomycin-resistant Enterococcus spp.</u>
☒	<u>Coccidioides spp., by culture or serologies</u>	☒	<u>HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or viral genetic sequence detection)</u>	①, ④	<u>Vancomycin-resistant Staphylococcus aureus</u>
①	<u>Coxiella burnetii</u>	☒+	<u>Influenza virus</u>	①, ④	<u>Vancomycin-resistant Staphylococcus epidermidis</u>
☒	<u>Cryptosporidium spp.</u>	☒, ④	<u>Legionella spp. (culture or DFA)</u>	☛, ☛	<u>Variola virus (smallpox)</u>
①	<u>Cyclospora spp.</u>	①, ④	<u>Listeria spp., isolated from a normally sterile site</u>	①, ④	<u>Vibrio spp.</u>
☛, ☛	<u>Dengue virus</u>	☒	<u>Methicillin-resistant Staphylococcus aureus, isolated from a normally sterile site</u>	☛, ☛	<u>Viral hemorrhagic fever agent</u>
☛, ☛	<u>Emerging or exotic disease agent</u>	☒, ④	<u>Mycobacterium tuberculosis complex and its drug sensitivity pattern</u>	①	<u>West Nile virus</u>
①	<u>Escherichia coli O157:H7</u>	☒	<u>Neisseria gonorrhoeae</u>	①, ④	<u>Yersinia spp.</u>
①, ④	<u>Escherichia coli, Shiga-toxin producing</u>	①, ④	<u>Neisseria meningitidis, isolated from a normally sterile site</u>	☛, ☛, ④	<u>Yersinia pestis (plague)</u>
☛, ☛, ④	<u>Francisella tularensis</u>	☒	<u>Plasmodium spp.</u>		
☛, ④	<u>Haemophilus influenzae, type B, isolated from a normally sterile site</u>	☒+	<u>Respiratory syncytial virus</u>		

**Key:**

- ☛\* Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
- ☛ Submit a report within 24 hours after obtaining a positive test result.
- ① Submit a report within one working day after obtaining a positive test result.
- ☒ Submit a report within five working days after obtaining a positive test result or the described test result.
- ④ Submit isolates of the organism to the Arizona State Laboratory within five working days after obtaining a positive test result.
- ± A clinical laboratory director may report aggregate numbers of positive test results every five working days rather than submitting individual reports as required in R9-6-204(B).

**R9-6-205. ~~Reserved~~ Reporting Requirements for a Pharmacist or an Administrator of a Pharmacy**

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- A. A pharmacist who fills an individual's initial prescription for two or more of the drugs listed in subsection (B) or an administrator of a pharmacy in which an individual's initial prescription for two or more of the drugs listed in subsection (B) is filled shall, either personally or through a representative, submit a report that complies with subsection (C) to the Department within five working days after the prescription is filled.
- B. Any combination of two or more of the following drugs when initially prescribed for an individual triggers the reporting requirement of subsection (A):
1. Isoniazid.
  2. Streptomycin.
  3. Any rifamycin.
  4. Pyrazinamide, or
  5. Ethambutol.
- C. A pharmacist or an administrator of a pharmacy shall submit a report required under subsection (A) by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department and shall include in the report:
1. The following information about the individual for whom the drugs are prescribed:
    - a. Name.
    - b. Address.
    - c. Telephone number, and
    - d. Date of birth; and
  2. The following information about the prescription:
    - a. The name of the drugs prescribed.
    - b. The date of prescription, and
    - c. The name and telephone number of the prescribing health care provider.

**R9-6-203, R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports**

- A. The Department shall supply each local health agency with forms which shall a form to be used for by a health care provider or an administrator of a health care institution or correctional facility when making a written reports of suspected or confirmed disease report required under R9-6-202(A) or (B) and Table 1. The form shall contain space to provide the information required under R9-6-202(C). A local health agency shall distribute copies of the form as needed to health care providers and administrators of health care institutions and correctional facilities. The forms shall include:
1. Patient's name, address, telephone number, date of birth, race or ethnicity, gender, and occupation;
  2. Disease, date of onset, date of diagnosis, date of laboratory confirmation, and test results; and
  3. Name, address, and telephone number of the person or agency making the report.
- B. Within seven days after the date of an unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall submit to the Department a report of the epidemiologic investigation, including:
1. The following information about the deceased individual:
    - a. Name;
    - b. Residential address;
    - c. Date of birth;
    - d. Race and ethnicity;
    - e. Whether the individual resided on or off a reservation and, if on, the name of the reservation;
    - f. Gender;
    - g. Whether the individual was pregnant and, if so, the outcome of the pregnancy; and
    - h. Occupation;
  2. The approximate date and time of death;
  3. A description of the setting where the death occurred and of the circumstances leading up to the time of death;
  4. The date of any specimen collection;
  5. The type of specimen collected;
  6. Each type of laboratory test completed;
  7. A description of the laboratory test results, including quantitative results if available;
  8. If an autopsy was completed, the autopsy results;
  9. A hypothesis or conclusion as to the cause of death;
  10. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact;
  11. Specific recommendations for preventing future deaths, if applicable; and
  12. The name, address, and telephone number of the individual making the report.

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- C.** Within 10 working days after completing an epidemiologic investigation of a case as required under Article 3, when Article 3 does not require a local health agency to complete a disease-specific form, a local health agency shall submit to the Department a written report of the epidemiologic investigation, including:
1. A communicable disease report containing the information described in R9-6-202(C).
  2. A description of all laboratory test results contributing to the diagnosis.
  3. A classification of the case according to the case definition.
  4. A description of the outcome of the case's course of illness.
  5. A description of the case's specific risk factors for the disease or a hypothesis of how the case acquired the infection, and
  6. A description of how the local health agency provided or arranged for the case to receive education about the nature of the disease and how to prevent transmission or limit disease progression.
- B-D.** The A local health agency shall forward to the Department the each original copy of the reports to the Department each week report received by the local health agency within five working days after receipt, specifying and shall specify the current status for each report what action, if any, was initiated, as follows:
1. Case confirmed and epidemiologic investigation not required.
  2. Case confirmed and report from epidemiologic investigation attached.
  3. Case under investigation, or
  4. No action taken.
- E.** The A local health agency shall forward to the Department reports include with the original reports forwarded under subsection (D) any report of disease in a nonresident of that the jurisdiction who is or has been diagnosed or treated in that the jurisdiction.
- C-E.** Within 30 days of the completion of any after completing an epidemiologic investigation of an outbreak investigation conducted pursuant to as required under this Article Chapter, the a local health agency shall submit to the Department a written summary of the outbreak investigation to include, including:
1. a A description of the outbreak location; ;
  2. the The date and time of notification that the local health agency was notified of the outbreak; ;
  3. A description of how the local health agency verified the outbreak was verified; ;
  4. the The number of persons individuals reported to be ill during the outbreak; ;
  5. the The number of persons individuals estimated to be at risk for illness as a result of the outbreak; ;
  6. the The specific definition of a case; ;
  7. A summary profile of the signs and symptoms of the illness;
  8. An epidemiologic curve;
  9. A copy of the laboratory evidence collected, including and all laboratory test results; ;
  10. hypotheses as to Hypotheses of how the outbreak occurred; ;
  11. A description of the control measures that used and the dates they were implemented; ;
  12. The conclusions drawn based upon the results of the investigation; ; and
  13. the Specific recommendations to prevent for preventing future occurrences outbreaks; and
  14. The name, address, and telephone number of the individual making the report.
- G.** A local health agency shall immediately notify the Department when the local health agency receives a report or reports indicating an outbreak or suspect outbreak. The notification shall include:
1. The location of the outbreak or suspect outbreak.
  2. The number of known and suspect cases.
  3. The date that the outbreak was reported or dates that cases suggestive of an outbreak were reported.
  4. The setting of the outbreak or suspect outbreak.
  5. The name of the disease suspected or known to be the subject of the outbreak or suspect outbreak, and
  6. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or suspect outbreak.

**R9-6-207. Federal or Tribal Entity Reporting**

- A.** To the extent permitted by law, a federal or tribal entity shall comply with the reporting requirements in this Article as follows:
1. If the federal or tribal entity is participating in the diagnosis or treatment of an individual, the federal or tribal entity shall comply with the reporting requirements for a health care provider;
  2. If the federal or tribal entity is operating a facility that provides health care services, the federal or tribal entity shall comply with the reporting requirements for an administrator of a health care institution;
  3. If the federal or tribal entity is operating a correctional facility, the federal or tribal entity shall comply with the reporting requirements for an administrator of a correctional facility;
  4. If the federal or tribal entity is operating a clinical laboratory, the federal or tribal entity shall comply with the reporting requirements for a clinical laboratory director;



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5. If the federal or tribal entity is operating a facility that provides pharmacy services, the federal or tribal entity shall comply with the reporting requirements for an administrator of a pharmacy;
6. If the federal or tribal entity is operating a facility that provides child care services, the federal or tribal entity shall comply with the reporting requirements for an administrator of a child care establishment; and
7. If the federal or tribal entity is operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, the federal or tribal entity shall comply with the reporting requirements for an administrator of a school.

**B.** For the purposes of this Section, "federal or tribal entity" means a person operating on federal or tribal land or otherwise within this state and under the authority of an agency or other administrative subdivision of the federal government or a tribal nation and who is:

1. Licensed as a doctor of allopathic, naturopathic, osteopathic, or homeopathic medicine under the laws of this or another state;
2. Licensed as a physician assistant under the laws of this or another state;
3. Licensed as a registered nurse practitioner under the laws of this or another state;
4. Licensed as a dentist under the laws of this or another state;
5. Operating a facility that provides health care services;
6. Operating a correctional facility;
7. Operating a clinical laboratory;
8. Operating a facility that provides pharmacy services;
9. Operating a facility that provides child care services; or
10. Operating a facility that offers instruction to students in a grade level from kindergarten through grade 12.

**ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE ~~AND PREVENTABLE~~ DISEASES  
AND INFESTATIONS**

**~~R9-6-301. Diseases and Conditions Declared Reportable~~**

~~The following diseases listed below are reportable. The diseases and corresponding Sections of this Article which designate the case control, contact control, environmental control, special control and outbreak control measures, if any for each such reportable disease, are listed below:~~

- ~~R9-6-302. Amebiasis~~
- ~~R9-6-303. Anthrax~~
- ~~R9-6-304. Aseptic meningitis: viral~~
- ~~R9-6-305. Botulism~~
- ~~R9-6-306. Brucellosis~~
- ~~R9-6-307. Campylobacteriosis~~
- ~~R9-6-308. Chaneroid (*Haemophilus ducreyi*)~~
- ~~R9-6-309. Chlamydia~~
- ~~R9-6-310. Cholera~~
- ~~R9-6-311. Coccidioidomycosis (valley fever)~~
- ~~R9-6-312. Colorado tick fever~~
- ~~R9-6-313. Conjunctivitis: acute~~
- ~~R9-6-314. Cryptosporidiosis~~
- ~~R9-6-315. Dengue~~
- ~~R9-6-317. Diphtheria~~
- ~~R9-6-318. Ehrlichiosis~~
- ~~R9-6-319. Encephalitis: viral~~
- ~~R9-6-320. *Escherichia coli* O57: H7 infection~~
- ~~R9-6-321. Foodborne/Waterborne illness: unspecified agent~~
- ~~R9-6-322. Giardiasis~~
- ~~R9-6-323. Gonorrhea~~
- ~~R9-6-324. *Haemophilus influenzae*: Invasive Disease~~
- ~~R9-6-325. Hantavirus Infection~~
- ~~R9-6-326. Hepatitis A~~
- ~~R9-6-327. Hepatitis B and delta virus~~
- ~~R9-6-328. Hepatitis C~~
- ~~R9-6-329. Hepatitis Non-A, Non-B~~
- ~~R9-6-330. Herpes genitalis~~
- ~~R9-6-331. Human Immunodeficiency Virus (HIV) infection and related disease~~
- ~~R9-6-332. Human T-cell Lymphotropic Virus (HTLV-I/II) type I and II infection~~

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- R9-6-333. Legionellosis (Legionnaires' disease)
- R9-6-334. Leprosy
- R9-6-335. Leptospirosis
- R9-6-336. Listeriosis
- R9-6-337. Lyme disease
- R9-6-338. Malaria
- R9-6-339. Measles (rubeola)
- R9-6-340. Meningococcal invasive disease
- R9-6-341. Mumps
- R9-6-343. Pertussis (whooping cough)
- R9-6-344. Plague
- R9-6-345. Poliomyelitis
- R9-6-346. Psittacosis
- R9-6-347. Q fever
- R9-6-348. Rabies in humans
- R9-6-349. Relapsing fever (borreliosis)
- R9-6-350. Reye syndrome
- R9-6-351. Rocky Mountain spotted fever
- R9-6-352. Rubella (German measles)
- R9-6-353. Rubella syndrome, congenital
- R9-6-354. Salmonellosis
- R9-6-355. Scabies
- R9-6-356. Shigellosis
- R9-6-358. Streptococcal Group A: Invasive Disease
- R9-6-359. Streptococcal Group B: Invasive Disease in Infants Less Than 30 Days of Age
- R9-6-360. Syphilis
- R9-6-361. Taeniasis
- R9-6-362. Tetanus
- R9-6-363. Toxic shock syndrome
- R9-6-364. Trichinosis
- R9-6-365. Tuberculosis
- R9-6-366. Tularemia
- R9-6-367. Typhoid fever
- R9-6-368. Typhus fever: flea-borne
- R9-6-369. Vancomycin resistant *Enterococcus* sp.
- R9-6-370. Vancomycin resistant *Staphylococcus aureus*
- R9-6-371. Vancomycin resistant *Staphylococcus epidermidis*
- R9-6-372. Varicella (chickenpox)
- R9-6-373. Vibrio infection
- R9-6-374. Yellow fever
- R9-6-375. Yersiniosis

**R9-6-103, R9-6-301. Control Measures for Communicable Diseases Definitions**

In this Article 3, unless otherwise specified:

1. "Airborne precautions" means, in addition to Standard precautions, the use of respiratory protection by susceptible individuals and placement of the case in a negative pressure room.
2. "Barrier" means masks, gowns, gloves, face shields, face masks, or other membranes or filters to prevent the transmission of infectious agents and protect individuals from exposure to blood and body fluids.
- 3.1. "Blood bank" means a facility where human whole blood or a blood component is collected, prepared, tested, processed, or stored, or from which human whole blood or a blood component is distributed.
- 4.2. "Blood center" means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
5. "Blood component" means any part of a single donor unit of blood separated by physical or mechanical means.
3. "Close contact" means an individual who has spent a sufficient amount of time with and who has been within a sufficient proximity to a case to have sustained significant exposure to an infectious agent.
- 6.4. "Concurrent disinfection" means the application of ~~disinfective~~ measures to disinfect inanimate objects or surfaces after the discharge of ~~blood~~ or body fluids from the body of an infected individual or after the contamination of articles with ~~blood~~ or body fluids.

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5. "Contact precautions" means, in addition to Standard precautions, placement of a case in a private room or a cohort room and use of a gown and gloves when in the proximity of the case.
- ~~7-6.~~ "Contaminated" means to have come in contact with a disease-causing agent or toxin.
- ~~8-7.~~ "Counseling and testing site" means a health facility offering clients HIV counseling and HIV-related testing that meets the standards established in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Revised Guidelines for HIV Counseling, Testing, and Referral (November 2001), published in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Pub. No. RR-19, 50 Morbidity and Mortality Weekly Report (November 9, 2001), incorporated by reference, on file with the Department and the Office of the Secretary of State, and available at <http://www.cdc.gov/mmwr/> or <ftp://ftp.cdc.gov/pub/Publications/mmwr/> or from Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., Atlanta, GA 30333. This incorporation by reference contains no future editions or amendments.
- ~~9-8.~~ "Disinfection" means killing or inactivating communicable disease causing agents on inanimate objects by directly applied chemical or physical means.
- ~~10-9.~~ "Disinfestation" means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
- ~~11-10.~~ "Droplet precautions" means, in addition to Standard precautions, placement of a case in a private room or cohort room the use of and use of a mask when working within 3 three feet of the case.
- ~~12.~~ "Drug" means a chemical substance licensed by the United States Food and Drug Administration.
- ~~13-11.~~ "Follow-up" means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
- ~~14.~~ "Guardian" means an individual who is invested with the authority and charged with the duty of caring for a minor by a court of competent jurisdiction.
- ~~15-12.~~ "Identified individual" means an individual named by a case as an individual who may have been exposed through sexual contact with the case and for whom a case provides information that enables the local health agency to locate the individual.
- ~~13.~~ "Incapacitated adult" means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.
- ~~16-14.~~ "Midwife" has the same meaning as in A.R.S. § 36-751.
- ~~17.~~ "Milk bank" means a facility that procures, processes, stores, or distributes human breast milk.
- ~~18.~~ "Organ bank" means a facility that procures, processes, stores, or distributes human kidneys, livers, hearts, lungs, or pancreases.
- ~~19.~~ "Parent" means a natural or adoptive mother or father.
- ~~15.~~ "Pediculocide" means a shampoo or cream rinse manufactured and labeled for controlling head lice.
- ~~16.~~ "Person in charge" means the individual present at a food establishment who is responsible for the food establishment's operation at the time of inspection.
- ~~20-17.~~ "Plasma center" means a facility where the process of plasmapheresis or another form of apheresis is conducted.
- ~~24-18.~~ "Pupil" means a student attending a school, as defined in A.R.S. § 15-101.
- ~~22-19.~~ "School district personnel" means individuals who work for a school district, as defined by A.R.S. § 15-101, whether within a classroom or other setting and whether as employees, contractors, or volunteers.
- ~~23-20.~~ "Sexual contact" means vaginal intercourse, anal intercourse, fellatio, or cunnilingus.
- ~~24.~~ "Standard precautions" means the use of barriers to prevent contact with blood, mucous membranes, nonintact skin, all body fluids, and secretions (except sweat).
- ~~25.~~ "Tissue bank" means a facility that procures, processes, stores, or distributes corneas, bones, semen, or other specialized human cells for the purpose of injecting, transfusing, or transplanting the cells into a human body.
- ~~26.~~ "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

**~~R9-6-204.~~ R9-6-302. Other Local Health Agency Control Measures**

The A local health agency shall:

- ~~1. review~~ Review each communicable disease reports report received for completeness and accuracy; ;
- ~~2. confirm diagnoses~~ Confirm each diagnosis; ;
- ~~3. conduct~~ Conduct epidemiologic and other investigations required by this Chapter; ;
- ~~4. facilitate~~ Facilitate notification of known contacts; ;
- ~~5. conduct~~ Conduct surveillance; ;
- ~~6. determine~~ Determine trends; ; and
- ~~7. implement~~ Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter; and
- ~~8.~~ Disseminate surveillance information to health care providers.

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**R9-6-303. Food Establishment Control Measures**

The person in charge of a food establishment shall ensure compliance with all food handler exclusion requirements included in this Article or ordered by a local health agency.

**R9-6-302. R9-6-304. Amebiasis**

A. Case control measures:

1. ~~The A~~ local health agency shall exclude ~~a an~~ amebiasis case from ~~working as a food handling handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until treatment with an amebicide is completed and two successive negative fecal examinations negative for amoebae are obtained from specimens collected at least 24 hours or more apart.~~

2. A local health agency shall conduct an epidemiologic investigation of each reported amebiasis case or suspect case.

B. Contact control measures: ~~The A~~ local health agency shall exclude ~~contacts each~~ amebiasis contact with symptoms of amebiasis from working as a food handler until two successive ~~negative~~ fecal examinations ~~negative~~ for the presence of ~~amoeba~~ amoebae are obtained from specimens collected at least 24 hours ~~or more~~ apart.

~~C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case regarding handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.~~

~~D. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.~~

**R9-6-303. R9-6-305. Anthrax**

A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported anthrax case or suspect case.

~~A.B.~~Environmental control measures: ~~The A~~ local health agency shall provide or arrange for ~~incineration or~~ sterilization by dry heating ~~or incineration of objects contaminated products, products which have been in direct contact with contaminated products, and articles soiled with discharges from lesions by Bacillus anthracis.~~

~~B. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**R9-6-304. R9-6-306. Aseptic Meningitis: Viral**

Outbreak control measures: ~~The A~~ local health agency shall conduct ~~or direct~~ an epidemiologic investigation of each reported outbreak of viral aseptic meningitis.

**R9-6-307. Basidiobolomycosis**

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported basidiobolomycosis case or suspect case.

**R9-6-305. R9-6-308. Botulism**

A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported botulism case or suspect case. For each botulism case who is an infant, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.73, "Guide to Investigation of Infant Botulism" (September 1987), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.73 provided by the Department.

~~A.B.~~Environmental control measures: ~~The person in possession~~ An individual in possession of food contaminated by Clostridium botulinum shall discard ~~boil the~~ contaminated food ~~after boiling it for ten 10 minutes and then discard it. The person in possession~~ An individual in possession of utensils contaminated by Clostridium botulinum shall boil the contaminated utensils ~~for ten 10 minutes prior to before reuse or disposal.~~

~~B. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**R9-6-306. R9-6-309. Brucellosis**

Special Case control measures: The A local health agency shall conduct ~~or direct~~ an epidemiologic investigation of each reported brucellosis case or suspect case. For each brucellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 4.153, "Brucellosis Case Surveillance Report" (November 1980), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or

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2. An electronic equivalent to Form CDC 4.153 provided by the Department.

**~~R9-6-307.~~ R9-6-310. Campylobacteriosis**

**A. Case control measures:**

1. ~~The A~~ local health agency shall exclude a campylobacteriosis case from ~~handling working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until;~~
  - a. One of the following occurs:
    - i. ~~a A~~ negative stool culture negative for *Campylobacter* is obtained from a stool specimen, or
    - ii. ~~until treatment~~ Treatment is maintained for 24 hours; and
  - b. ~~symptoms~~ Symptoms of campylobacteriosis are absent.
2. A local health agency shall conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case. For each campylobacteriosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-A or an electronic equivalent to Exhibit III-A provided by the Department.

**B. Contact control measures:** ~~The A~~ local health agency shall exclude ~~contacts each~~ campylobacteriosis contact with symptoms of campylobacteriosis from working as a food handler until a ~~negative stool culture~~ negative for *Campylobacter* is obtained from a stool specimen or symptoms of campylobacteriosis are absent.

**~~C.~~ Environmental control measures:** ~~The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.~~

**~~D.~~ Outbreak control measures:** ~~The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.~~

**~~R9-6-308.~~ R9-6-311. Chancroid (*Haemophilus ducreyi*)**

**A. Case control measures:**

1. ~~A diagnosing health care provider shall prescribe drugs to render a case noninfectious and counsel or arrange for the case to be counseled:~~
  - a. ~~To abstain from sexual contact during drug treatment and for at least seven days after drug treatment is completed; and~~
  - b. ~~About the following:~~
    - i. ~~The characteristics of chancroid,~~
    - ii. ~~The syndrome caused by chancroid,~~
    - iii. ~~Measures to reduce the likelihood of transmitting chancroid to another, and~~
    - iv. ~~The need to notify individuals with whom the case has had sexual contact within a time period determined based upon the stage of the disease; and~~
2. ~~The A~~ local health agency shall conduct an epidemiologic investigation of each reported chancroid case or suspect case, confirming the stage of the disease.

**B. Contact control measures:** ~~The~~ When a chancroid case has named an identified individual, a local health agency shall:

1. Notify ~~each the~~ identified individual of chancroid exposure;
2. Offer or arrange for the identified individual to receive treatment ~~of each identified individual for chancroid;~~ and
3. Counsel ~~each the~~ identified individual about the following:
  - a. The characteristics of chancroid,
  - b. The syndrome caused by chancroid,
  - c. Measures to reduce the likelihood of transmitting chancroid to another, and
  - d. The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.

**~~R9-6-309.~~ R9-6-312. Chlamydia *Chlamydia* Infection**

**A. Case control measures:**

1. ~~A diagnosing health care provider shall:~~
  - a. ~~Prescribe drugs to render a case noninfectious,~~
  - b. ~~Counsel or arrange for the case to be counseled to abstain from sexual contact during drug treatment and for at least seven days after drug treatment is completed, and~~
  - e. ~~Counsel or arrange for the case to be counseled about the importance of notifying individuals who may have been exposed through sexual contact of exposure and of the need to seek medical treatment.~~
2. The Department shall review each Chlamydia infection case report for completeness, accuracy, and need for follow-up.

**B. Contact control measures:** If an individual who may have been exposed to *Chlamydia* through sexual contact with a Chlamydia infection case seeks treatment for Chlamydia infection from ~~the a~~ local health agency, the local health agency shall offer or arrange for treatment.

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**~~R9-6-310:~~ R9-6-313. Cholera**

**A. Case control measures:**

1. ~~The~~ A local health agency shall exclude a cholera case from ~~handling~~ working as a food handler, caring for patients or residents in a health care institution, or ~~working~~ caring for children in or attending a child care ~~center or preschool~~ establishment until ~~2 negative~~ two successive fecal examinations have been cultures negative for *Vibrio cholerae* are obtained from fecal specimens collected at least 24 hours ~~or more~~ apart and at least 48 hours after discontinuing anti-biotics.
2. A local health agency shall conduct an epidemiologic investigation of each reported cholera case or suspect case. For each cholera case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
  - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other *Vibrio* Illness Surveillance Report" (July 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
  - b. An electronic equivalent to Form CDC 52.79 provided by the Department.

**B. Contact control measures:** ~~The~~ A local health agency shall:

1. ~~provide~~ Provide follow-up for ~~5~~ each cholera contact for five days after exposure; ~~and~~
2. ~~The local health agency shall exclude~~ Exclude a each cholera contact with symptoms of cholera from ~~handling~~ working as a food handler, caring for patients or residents in a health care institution, or ~~working~~ caring for children in or attending a child care ~~center or preschool~~ establishment until ~~2~~ two successive ~~negative fecal examinations~~ cultures negative for *Vibrio cholerae* are ~~have been~~ obtained from fecal specimens collected at least 24 hours ~~or more~~ apart.

**~~C.~~ Environmental control measures:** ~~The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

**~~D.~~ Special control measures:** ~~The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**~~R9-6-311:~~ R9-6-314. Coccidioidomycosis (Valley Fever)**

~~Reports~~ Outbreak control measures: ~~The~~ A local health agency shall ~~epidemiologically describe~~ conduct an epidemiologic investigation of each reported outbreak of coccidioidomycosis.

**~~R9-6-312:~~ R9-6-315. Colorado Tick Fever**

~~Special~~ Case control measures: ~~The~~ A local health agency shall ~~conduct or direct~~ an epidemiologic investigation of each reported Colorado tick fever case or suspect case.

**~~R9-6-316:~~ Diarrhea of Newborn**

- ~~A.~~** Case control measures: ~~An administrator of a hospital or an authorized representative shall isolate or group cases or suspect cases in a separate area. A health care provider shall use enteric precautions for a hospitalized case.~~
- ~~B.~~** Contact control measures: ~~An administrator of a hospital, or an authorized representative, shall provide follow-up of newborn contacts for a period of two weeks following the date the last case is discharged from the nursery.~~
- ~~C.~~** Environmental control measures: ~~The diagnosing health care provider or authorized representative shall counsel the person responsible for care.~~
- ~~D.~~** Special control measures: ~~An administrator of a hospital or an authorized representative shall not admit additional infants to the contaminated area until all exposed infants have been discharged and the nursery has been cleaned and disinfected.~~

**~~R9-6-313:~~ R9-6-316. Conjunctivitis: Acute**

- ~~A.~~** Case control measures: ~~An administrator or authorized representative of a public or private school; or child care center, or preschool establishment, either personally or through a representative, shall exclude a~~ an acute conjunctivitis case from attending the school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.
- ~~B.~~** Special control measures: ~~The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.~~

**~~R9-6-317:~~ Creutzfeldt-Jakob Disease**

Case control measures: A local health agency shall complete an epidemiologic investigation of each reported Creutzfeldt-Jakob disease case or suspect case.

**~~R9-6-314.~~ R9-6-318. Cryptosporidiosis**

~~Environmental~~ Case control measures:

1. A local health agency shall exclude a symptomatic cryptosporidiosis case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until symptoms of cryptosporidiosis are absent. The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.
2. A local health agency shall conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case. For each cryptosporidiosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-B or an electronic equivalent to Exhibit III-B provided by the Department.

**~~R9-6-319.~~ Cyclospora Infection**

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Cyclospora infection case or suspect case.

**~~R9-6-320.~~ Escherichia coli O157:H7 Infection**

~~A.~~ Case control measures: The local health agency shall exclude a case with symptoms of Escherichia coli O157:H7 from handling food or attending child care until either of the following occurs:

1. Two successive stool cultures obtained from specimens collected 24 hours or more apart are negative, or
2. Symptoms are absent.

~~B.~~ Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

~~C.~~ Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

**~~R9-6-320.~~ Cysticercosis**

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported cysticercosis case or suspect case.

**~~R9-6-315.~~ R9-6-321. Dengue**

~~Special~~ Case control measures: The A local health agency shall conduct or direct an epidemiologic investigation of each reported dengue case or suspect case.

**~~R9-6-321.~~ R9-6-322. Foodborne/Waterborne Illness: Unspecified Agent Diarrhea, Nausea, or Vomiting**

~~A.~~ Environmental control measures: The A local health agency shall conduct a sanitary inspection or assure ensure that a sanitary inspection is conducted of the each water, sewage, or food preparation facilities facility associated with an outbreak of foodborne/waterborne illness diarrhea, nausea, or vomiting.

~~B.~~ Outbreak control measures: The A local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting.

1. For each suspected foodborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:
  - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.13, "Investigation of a Foodborne Outbreak" (October 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
  - b. An electronic equivalent to Form CDC 52.13 provided by the Department.
2. For each suspected waterborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:
  - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.12, "Waterborne Diseases Outbreak Report" (January 2003), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or
  - b. An electronic equivalent to Form CDC 52.12 provided by the Department.
3. For each outbreak of viral gastroenteritis, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation Exhibit III-C or an electronic equivalent to Exhibit III-C provided by the Department.

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**~~R9-6-317.~~ R9-6-323. Diphtheria**

**A. Case control measures:**

1. ~~The A~~ A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a hospitalized diphtheria case until either of the following occurs:

~~1-a.~~ One of the following:

- i. If the case has pharyngeal diphtheria, two successive negative sets of cultures negative for *Corynebacterium diphtheriae* each from the nose and throat or skin are obtained from nose and throat specimens collected from the case at least 24 hours or more apart and at least 24 hours or more after cessation of treatment; ~~or~~
- ii. If the case has cutaneous diphtheria, two successive cultures negative for *Corynebacterium diphtheriae* are obtained from skin specimens collected from the case at least 24 hours apart and at least 24 hours after cessation of treatment; or

~~2-b.~~ Fourteen days after initiation of treatment.

2. A local health agency shall conduct an epidemiologic investigation of each reported diphtheria case or suspect case. For each diphtheria case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

- a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Diphtheria Worksheet," which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or

- b. An electronic equivalent to the "CDC Diphtheria Worksheet" provided by the Department.

**B. Contact control measures:** ~~The A~~ A local health agency shall:

1. Exclude contacts each diphtheria contact from handling working as a food handler until a negative culture set of cultures negative for *Corynebacterium diphtheriae* is obtained from the contact's of the nose and throat or skin specimens is obtained. ;
2. Quarantine household contacts each close contact of a diphtheria case until two successive sets of negative cultures negative for *Corynebacterium diphtheriae* are obtained each from the nose and throat or skin have been obtained specimens collected from the close contact at least 24 hours or more apart. ;
3. Offer each previously immunized contacts diphtheria contact a vaccine containing diphtheria toxoid- ; and
4. Offer each unimmunized contacts diphtheria contact the primary vaccine series and treatment.

**~~C.~~ Environmental control measures:** ~~The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

**~~D.~~ Special control measures:** ~~The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**~~R9-6-318.~~ R9-6-324. Ehrlichiosis**

~~Special Case~~ Case control measures: ~~The A~~ A local health agency shall conduct or direct an epidemiologic investigation of each reported ehrlichiosis case or suspect case. For each ehrlichiosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick-Borne Rickettsial Disease Case Report" (January 2001), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 55.1 provided by the Department.

**R9-6-325. Emerging or Exotic Disease**

**A. Case control measures:**

1. A local health agency, in consultation with the Department, shall isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission.
2. A local health agency shall conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case.

**B. Contact control measures:** A local health agency, in consultation with the Department, shall quarantine an emerging or exotic disease contact as necessary to prevent transmission.

**~~R9-6-319.~~ R9-6-326. Encephalitis: Viral or Parasitic**

~~Special Case~~ Case control measures: ~~The A~~ A local health agencies agency shall conduct or direct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case. For each viral encephalitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-D or an electronic equivalent to Exhibit III-D provided by the Department.



**R9-6-327. Enterohemorrhagic *Escherichia coli***

**A. Case control measures:**

1. A local health agency shall exclude a symptomatic enterohemorrhagic *Escherichia coli* case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
  - a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
  - b. Symptoms of *Escherichia coli* infection are absent.
2. A local health agency shall conduct an epidemiologic investigation of each reported enterohemorrhagic *Escherichia coli* case or suspect case. For each enterohemorrhagic *Escherichia coli* case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-E or an electronic equivalent to Exhibit III-E provided by the Department.

**B. Contact control measures:** A local health agency shall exclude an enterohemorrhagic *Escherichia coli* contact with symptoms of enterohemorrhagic *Escherichia coli* from working as a food handler.

**R9-6-328. Enterotoxigenic *Escherichia coli***

**A. Case control measures:**

1. A local health agency shall exclude a symptomatic enterotoxigenic *Escherichia coli* case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
  - a. Two successive cultures negative for enterotoxigenic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
  - b. Symptoms of *Escherichia coli* infection are absent.
2. A local health agency shall conduct an epidemiologic investigation of each reported enterotoxigenic *Escherichia coli* case or suspect case.

**B. Contact control measures:** A local health agency shall exclude an enterotoxigenic *Escherichia coli* contact with symptoms of enterotoxigenic *Escherichia coli* from working as a food handler.

**R9-6-329. Hepatitis Non-A, Non-B**

**A. Case control measures:** ~~A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or carrier for transfusion or transplantation.~~

**B. Environmental control measures:** ~~The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.~~

**C. Special control measures:** ~~Any person operating a blood or plasma center who interprets, as positive, a test for HCV or antibodies to HCV shall, within 30 days of verifying the final results of the test, notify the person on whom the test was performed.~~

**~~R9-6-322.~~ R9-6-329. Giardiasis**

**A. Case control measures:** ~~The A~~ A local health agency shall exclude a giardiasis case from handling working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care center or a preschool; establishment until either of the following occurs:

1. Two ~~negative~~ successive fecal examinations ~~negative for *Giardia lamblia* have been~~ are obtained from specimens collected from the case at least 24 hours ~~or more~~ apart, or
2. Treatment for giardiasis is initiated and the case no longer has symptoms of giardiasis.

**B. Contact control measures:**

1. ~~The A~~ A local health agency shall exclude a giardiasis contact with symptoms of giardiasis from handling working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care centers or preschools establishment until the contact no longer has symptoms of giardiasis.
2. A local health agency shall counsel or arrange for a giardiasis contact or, if the contact is a child or incapacitated adult, the parent or guardian of the contact to be counseled about handwashing and concurrent disinfection of contaminated objects.

**C. Environmental control measures:** ~~The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

**~~D.C.~~ Outbreak control measures:** ~~The A~~ A local health agency shall provide education and consultation regarding prevention and control measures to cases and known contacts conduct an epidemiologic investigation of each reported giardiasis outbreak. For each giardiasis case involved in an outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation Exhibit III-F or an electronic equivalent to Exhibit III-F provided by the Department.

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**~~R9-6-330:~~ Herpes Genitalis**

Case control measures: A diagnosing health care provider shall counsel or arrange for a case to be counseled:

- ~~1. To abstain from sexual contact until lesions are healed;~~
- ~~2. About available treatment, and~~
- ~~3. About chemoprophylaxis and other measures to prevent transmission.~~

**~~R9-6-323:~~ R9-6-330, Gonorrhea**

A. Case control measures:

- ~~1. A diagnosing health care provider shall:~~
  - ~~a. Prescribe drugs to render a case noninfectious;~~
  - ~~b. Counsel or arrange for the case to be counseled to abstain from sexual contact during drug treatment and for at least seven days after drug treatment is completed, and~~
  - ~~c. Counsel or arrange for the case to be counseled about the importance of notifying individuals who may have been exposed through sexual contact of exposure and of the need to seek medical treatment.~~
- ~~2.1. The Department shall review each gonorrhea case report for completeness, accuracy, and need for follow-up.~~
- ~~3.2. For the prevention of gonorrheal ophthalmia, a health care provider or midwife attending the birth of an infant in Arizona shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:~~
  - ~~a. Erythromycin ophthalmic ointment 0.5%, or~~
  - ~~b. Tetracycline ophthalmic ointment 1%.~~

B. Contact control measures: If an individual who may have been exposed to gonorrhea through sexual contact with a gonorrhea case seeks treatment for gonorrhea from the a local health agency, the local health agency shall offer or arrange for treatment.

**~~R9-6-324:~~ R9-6-331, *Haemophilus Influenzae influenzae*: Invasive Diseases Disease**

~~A.~~ Reports: A health care provider shall report invasive diseases including meningitis, epiglottitis, bacteremia, pneumonia, septic arthritis, and cellulitis.

~~B.~~ A. Case control measures:

- ~~1. The A~~ diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a hospitalized *Haemophilus influenzae* invasive disease case for 24 hours following after the initiation of treatment.
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case.~~
  - ~~a. For each *Haemophilus influenzae* invasive disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
    - ~~i. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
    - ~~ii. An electronic equivalent to Form CDC 52.15N provided by the Department.~~
  - ~~b. For each *Haemophilus influenzae* invasive disease case younger than 5 years of age, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
    - ~~i. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Expanded Case Report Form: *Haemophilus Influenzae* Type B in Children < 5 Years of Age," which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
    - ~~ii. An electronic equivalent to the "CDC Expanded Case Report Form: *Haemophilus Influenzae* Type B in Children < 5 Years of Age" provided by the Department.~~

~~C.~~ B. Contact control measures: ~~The A~~ local health agency shall evaluate the risk of exposure to *Haemophilus influenzae* invasive disease contacts and, if indicated, shall provide or arrange for each contact to receive immunization or treatment.

~~D.~~ Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

**~~R9-6-332:~~ Human T-cell Lymphotropic Virus (HTLV I/II) Type I and II Infection**

~~A.~~ Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, milk, body organs, sperm, or other tissue from a case or carrier for transfusion or transplantation.

~~B.~~ Special control measures: Any person operating a blood or plasma center who interprets as positive a test for the HTLV I/II shall, in addition to meeting the reporting requirements specified, notify the person on whom the test was performed within 30 days of receiving the final test results.

**R9-6-334. R9-6-332. Leprosy (Hansen's Disease) (Leprosy)**

**A.** Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Hansen's disease case or suspect case. For each Hansen's disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.18, "Hansen's Disease Surveillance Form" (March 1996), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.18 provided by the Department.

**A.B.** Contact control measures: ~~The A~~ local health agency shall examine household close contacts of a Hansen's disease case for signs and symptoms of leprosy at ~~6-12~~ six-to-twelve month intervals for ~~3~~ five years after the last contact with exposure to an infectious case; or 3 five years after the case becomes noninfectious.

**B.** Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case:

**R9-6-325. R9-6-333. Hantavirus Infection**

Environmental Case control measures:

1. A local health agency shall provide counsel or arrange for the provision of education on a Hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case to be counseled about reducing the risks of becoming reinfected with or of having others become infected with hantavirus infection to the patient.
2. A local health agency shall conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case. For each hantavirus infection case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
  - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Hantavirus Pulmonary Syndrome Case Report Form" (November 2002) and a Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Individual Questionnaire," which are incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
  - b. Electronic equivalents to the "Hantavirus Pulmonary Syndrome Case Report Form" and "Individual Questionnaire" provided by the Department.

**R9-6-334. Hemolytic Uremic Syndrome**

**A.** Case control measures:

1. A local health agency shall exclude a hemolytic uremic syndrome case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
  - a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
  - b. Symptoms of hemolytic uremic syndrome are absent.
2. A local health agency shall conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case.

**B.** Contact control measures: A local health agency shall exclude a hemolytic uremic syndrome contact with diarrhea from working as a food handler.

**R9-6-326. R9-6-335. Hepatitis A**

**A.** Case control measures:

1. A local health agency shall exclude a hepatitis A case from working as a food handler or attending a child care establishment during the first 14 days of illness or for seven days after onset of jaundice.
2. A local health agency shall conduct an epidemiologic investigation of each reported hepatitis A case or suspect case. For each hepatitis A case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-G or an electronic equivalent to Exhibit III-G provided by the Department.

**A.** Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

**B.** Contact control measures: A local health agency shall:

1. Exclude a hepatitis A contact with symptoms of hepatitis A from working as a food handler during the first 14 days of illness or for seven days after onset of jaundice;
2. For 45 days after exposure, provide follow-up to a food handler who is a contact of a hepatitis A case during the infectious period; and

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3. Evaluate the risk of exposure to hepatitis A contacts and, if indicated, provide or arrange for each contact to receive prophylaxis and immunization.
- ~~B.~~ Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak. The local health agency shall evaluate the risk of exposure and, if indicated, provide or arrange for prophylaxis.
- ~~C.~~ Special control measures: The local health agency shall:
  1. Exclude a case from handling food during the 1st 14 days of illness or for 7 days after the onset of jaundice.
  2. Provide follow-up of food handlers who are household contacts with a case or who consumed food prepared by a case during the infectious period for 45 days following the exposure.

~~R9-6-327.~~ **R9-6-336. Hepatitis B and Delta Hepatitis D**

- ~~A.~~ Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or carrier for transfusion or transplantation.
  1. A local health agency shall evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated.
  2. A local health agency shall conduct an epidemiologic investigation of each reported hepatitis B case or suspect case.
    - a. For each acute hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-H or an electronic equivalent to Exhibit III-H provided by the Department.
    - b. For each perinatal hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-I or an electronic equivalent to Exhibit III-I provided by the Department.
  3. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of hepatitis B, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
- ~~B.~~ Contact control measures: The A local health agency shall refer each exposed non-immune persons hepatitis B contact to a physician health care provider for prophylaxis and initiation of the hepatitis B vaccine series.
- ~~C.~~ Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, the health care provider shall counsel the person responsible for care.
- ~~D.~~ Special control measures:
  1. Control of donors: A health care provider or operator of a blood or plasma center shall exclude:
    - a. Anyone who has, or has had, hepatitis B or delta hepatitis or demonstrates serologic evidence of having the hepatitis B surface antigen (HBsAg) from donating blood, plasma, sperm, organ, or tissue.
    - b. Anyone who has received a transfusion of blood or blood product from donating blood for 6 months following the transfusion.
  2. Control of an infectious health care provider: The local health agency shall evaluate a health care provider who is identified as the source of Hepatitis B Virus transmission in the work place and, if indicated, shall ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated.
  3. The local health agency shall conduct or direct an epidemiological investigation of each reported case of hepatitis B or delta hepatitis.
  4. Any person operating a blood or plasma center who interprets, as positive, a test for the hepatitis B surface antigen (HBsAg) or hepatitis B core IgM antibodies (HBcAb IgM), in addition to meeting the reporting requirements specified in R9-6-202 shall, within 30 days of performing the test, notify the person on whom the test was performed.

~~R9-6-328.~~ **R9-6-337. Hepatitis C**

- ~~A.~~ Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or suspect carrier for transfusion or transplantation.
  1. A local health agency shall conduct an epidemiologic investigation of each reported acute hepatitis C case or suspect case.
  2. A local health agency shall forward each report of a non-acute hepatitis C case or suspect case to the Department within five working days after receiving the report.
  3. The Department shall provide education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection to each reported non-acute hepatitis C case or suspect case.
- ~~B.~~ Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the persons responsible for their care.

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- ~~C.~~ Special control measures: Any person operating a blood or plasma center who interprets, as positive, a test for HCV or antibodies to HCV, shall within 30 days of verifying the final results of the test, notify the person on whom the test was performed.

**R9-6-338. Hepatitis E**

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported hepatitis E case or suspect case. For each case of symptomatic acute viral hepatitis, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 53.1, "Viral Hepatitis Case Record for Reporting of Patients with Symptomatic Acute Viral Hepatitis" (June 1993), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral Hepatitis, 1600 Clifton Rd., NE, Mailstop G-37, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 53.1 provided by the Department.

**R9-6-334. R9-6-339. Human Immunodeficiency Virus (HIV) Infection and Related Disease**

A. Case control measures:

1. ~~A health care provider or operator of a blood bank, blood center, plasma center, tissue bank, organ bank, or milk bank shall not use donated blood or blood components, plasma, milk, organs, semen, or other tissue from a case or carrier for transfusion, transplantation, or consumption.~~
2. ~~A health care provider or operator of a blood bank, blood center, plasma center, tissue bank, organ bank, or milk bank who orders or administers a test for HIV or HIV antibodies and receives a test result that the health care provider or operator interprets as positive for HIV or HIV antibodies shall notify the subject or arrange for the subject to be notified of the test result within 30 days after receiving the test result.~~
3. ~~A health care provider or operator of a blood bank, blood center, plasma center, tissue bank, organ bank, or milk bank shall provide or arrange for subject counseling at the time of notification that includes the following information:~~
  - a. ~~The characteristics of HIV;~~
  - b. ~~The syndrome caused by HIV and its symptoms;~~
  - e. ~~The measures that are effective in reducing the likelihood of transmitting HIV to another;~~
  - d. ~~The need to notify individuals, including a spouse, with whom the subject has had sexual contact or has shared needles of exposure to HIV; and~~
  - e. ~~The availability of assistance from local health agencies in notifying those individuals described in subsection (A)(3)(d).~~
4. ~~The A local health agency shall conduct an epidemiologic investigation of each reported HIV case, suspect case, or carrier within 30 days after receiving a report. Upon completion of the an epidemiologic investigation, the a local health agency shall not retain any personal identifying information about the case, suspect case, or carrier.~~
2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of HIV infection, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
5. ~~3. A counseling and testing site supervised by the Department or by a local health agency shall offer anonymous testing. The Department or local health agency shall collect the following epidemiologic information about each individual opting for anonymous testing:~~
  - a. ~~Age,~~
  - b. ~~Race and ethnicity,~~
  - c. ~~Sex Gender,~~
  - d. ~~County of residence, and~~
  - e. ~~HIV-associated risk behaviors.~~
6. ~~4. The Department shall confidentially notify an identifiable third party reported to be at risk of HIV infection under A.R.S. § 36-664(K) if all of the following conditions are met:~~
  - a. ~~The Department receives the report of risk in a document that includes the following:~~
    - i. ~~The name and address of the identifiable third party,~~
    - ii. ~~The name and address of the individual placing the identifiable third party at risk,~~
    - iii. ~~The name and address of the individual making the report, and~~
    - iv. ~~The type of exposure placing the identifiable third party at risk;~~
  - b. ~~The individual making the report is in possession of confidential HIV-related information; and~~
  - c. ~~The Department determines that the information provided in the report is accurate and sufficient to warrant notification of the identifiable third party.~~
7. ~~5. As authorized under A.R.S. § 36-136(L), a local health agency shall notify the superintendent of a school district, as defined in A.R.S. § 15-101, in a confidential document that a pupil of the school district is a case or carrier of HIV if the following criteria are met:~~

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- a. The local health agency determines by consulting with the Department that the pupil places others in the school setting at risk for HIV infection; and
  - b. The school district has an HIV policy that includes the following provisions:
    - i. That a school shall not exclude an infected pupil from attending school or school functions or from participating in school activities solely due to HIV infection;
    - ii. That the school district shall establish a group to determine on a case-by-case basis whether an infected pupil should be permitted to attend school by considering the risks and benefits to the pupil and to others if the pupil attends school;
    - iii. That the group described in subsection ~~(A)(7)(b)(ii)~~ (A)(5)(b)(ii) shall include the superintendent of the school district, the parents or guardians of a minor pupil, the pupil if the pupil is not a minor or is emancipated, the pupil's physician, and the local health officer, and may include ~~a~~ an administrator of a school administrator, a school nurse, and a teacher or counselor of the pupil;
    - iv. That school district personnel who are informed of the pupil's HIV infection shall keep that information confidential;
    - v. That the school district shall provide HIV education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions; and
    - vi. That school district personnel who handle blood or body fluids shall comply with Elizabeth A. Bolyard et al., Guideline for Infection Control in Health Care Personnel, 1998 (1998), incorporated by reference; ~~and~~ on file with the Department and the Office of the Secretary of State; and available from National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161. This incorporation by reference includes and including no future editions or amendments.
- B. Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with 29 CFR 1910.1030 ~~(1999 as of November 7, 2002)~~, as required by A.R.S. § 23-403 and A.A.C. R20-5-602.

**R9-6-340. Kawasaki Syndrome**

A local health agency shall conduct an epidemiologic investigation of each reported Kawasaki syndrome case or suspect case. For each Kawasaki syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.54, "Kawasaki Syndrome Case Reporting" (January 1991), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 55.54 provided by the Department.

**~~R9-6-333. R9-6-341.~~ Legionellosis (Legionnaires' Disease)**

A. ~~Outbreak~~ Case control measures: ~~The A~~ A local health agency shall conduct ~~or direct~~ an epidemiologic investigation of each reported ~~outbreak~~ legionellosis case or suspect case. For each legionellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.56, "Legionellosis Case Report" (August 1999), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.56 provided by the Department.

B. Environmental control measures: The owner of a water, cooling, or ventilation system ~~which that~~ is determined to be a source ~~in an outbreak of Legionella infection~~ shall disinfect the system before ~~reusing it~~ resuming its use.

**~~R9-6-335. R9-6-342.~~ Leptospirosis**

~~Special~~ Case control measures: ~~The A~~ A local health agency shall conduct ~~or direct~~ an epidemiologic investigation of each reported leptospirosis case or suspect case. For each leptospirosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.26, "Leptospirosis Case Investigation Report" (October 1987), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.26 provided by the Department.

**~~R9-6-336. R9-6-343.~~ Listeriosis**

~~Outbreak~~ Case control measures:

1. The A local health agency shall conduct ~~or direct~~ an epidemiologic investigation of each reported ~~outbreak~~ listeriosis case or suspect case. For each listeriosis case, a local health agency shall complete and submit to the Department

within 10 working days after completing an epidemiologic investigation Exhibit III-J or an electronic equivalent to Exhibit III-J provided by the Department.

2. A local health agency shall counsel a listeriosis case or, if the case is a child or an incapacitated adult, the parent or guardian of the case about the risks of contracting listeriosis from cold deli meats and unpasteurized dairy products.

**~~R9-6-337.~~ R9-6-344. Lyme Disease**

~~Special Case control measures:~~ The A local health agency shall conduct or direct an epidemiologic investigation of each reported Lyme disease case or suspect case. For each Lyme disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-K or an electronic equivalent to Exhibit III-K provided by the Department.

**R9-6-345. Lymphocytic Choriomeningitis**

Case control measures:

1. A local health agency shall conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case.
2. A local health agency shall counsel or arrange for a lymphocytic choriomeningitis case or, if the case is a child or incapacitated adult, the parent or guardian of the case to be counseled about reducing the risks of becoming reinfected with or of having others become infected with lymphocytic choriomeningitis virus.

**~~R9-6-338.~~ R9-6-346. Malaria**

~~A. Case control measures: A health care provider shall exclude a case from donating blood or plasma for transfusion.~~

~~B. Special control measures:~~

1. ~~Control of a blood donor – The medical director of a blood collection center shall obtain from a prospective blood donor the following information concerning whether the person:~~
  - a. ~~Has or had malaria; or~~
  - b. ~~Has traveled in, visited, or immigrated from an area endemic for malaria; or~~
  - c. ~~Has taken antimalarial drugs.~~
  - d. ~~The blood collection center shall not draw blood from any person who affirmatively responds to any of the questions or refuses to supply this information.~~
2. ~~The A local health agency shall conduct or direct an epidemiologic investigation of each reported malaria case or suspect case. For each malaria case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.1, “Malaria Case Surveillance Report” (January 2002), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or
  - b. An electronic equivalent to Form CDC 54.1 provided by the Department.

**~~R9-6-339.~~ R9-6-347. Measles (Rubeola)**

~~A. Case control measures:~~

1. ~~An administrator or authorized representative of a school; or child care center, or preschool establishment, either personally or through a representative, shall:~~
  - a. ~~exclude Exclude a measles case from the school; or child care center, or preschool establishment and school-sponsored from school- or child-care-establishment-sponsored events from the onset of illness through the 4th fourth day after the rash appears, and~~
  - b. ~~Exclude a measles suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.~~
2. ~~An A diagnosing health care provider or an administrator of a hospital health care institution, or authorized either personally or through a representative, shall isolate a hospitalized measles case from onset of illness through the 4th fourth day after the rash appears.~~
3. A local health agency shall conduct an epidemiologic investigation of each reported measles case or suspect case. For each measles case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
  - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, “Measles Surveillance Worksheet,” which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or
  - b. An electronic equivalent to the “Measles Surveillance Worksheet” provided by the Department.

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**B. Contact control measures:**

1. ~~Unless able to provide evidence of immunity to measles in accordance with R9-6-703, an~~ When a measles case has been at a school or child care establishment, the administrator or authorized representative of a the school; or child care center, or preschool establishment, either personally or through a representative, shall:
  - a. ~~consult~~ Consult with the local health agency to determine who shall be excluded and ~~the~~ how long ~~they~~ each individual shall be excluded ~~from the school or child care establishment, and~~
  - b. Comply with the local health agency's recommendations for exclusion.
2. ~~The~~ A local health agency shall provide or arrange for immunization of each non-immune ~~individuals~~ measles contact within 72 hours ~~of after~~ last exposure.
3. A paid or volunteer full- or part-time worker at a health care institution shall not participate in the direct care of a measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
  - a. A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and at least one month apart;
  - b. A statement signed by a physician or a state or local health officer affirming serologic evidence of immunity to measles; or
  - c. Documentary evidence of birth before January 1, 1957.

**~~C.~~ Outbreak control measures:** ~~An administrator or authorized representative of a school, child care center, or preschool shall consult with the local health agency to determine who shall be excluded and how long they shall be excluded during an outbreak.~~

**~~D.~~ Special control measures:**

1. ~~No employee of any health care facility shall have direct contact with any measles patient, including suspect cases, unless able to provide evidence of immunity to measles:~~
  - a. ~~Evidence of immunity to measles shall consist of:~~
    - i. ~~A record of immunization against measles with 2 doses of live virus vaccine given on or after the 1st birthday and 1 month or more apart; or~~
    - ii. ~~A statement signed by a licensed physician, or a state or local health officer which affirms serologic evidence of having had measles.~~
  - b. ~~Anyone born prior to January 1, 1957 shall be considered to be immune to measles.~~
2. ~~The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**R9-6-340. R9-6-348. Meningococcal Invasive Disease**

**~~A.~~ Reports:** ~~A report of invasive disease includes meningitis, bacteremia, and septic arthritis.~~

**~~B.~~ A. Case control measures:**

1. ~~The~~ A diagnosing health care provider; ~~or an administrator of a hospital health care institution, or authorized either personally or through a representative,~~ shall isolate a ~~hospitalized~~ meningococcal invasive disease case for 24 hours after the initiation of treatment.
2. A local health agency shall conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case. For each meningococcal invasive disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
  - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993), which is incorporated by reference in R9-6-331; or
  - b. An electronic equivalent to Form CDC 52.15N provided by the Department.

**~~C.~~ Environmental control measures:** ~~The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

**~~D.~~ B. Contact control measures:** ~~The~~ A local health agency shall evaluate the risk of exposure to meningococcal invasive disease contacts and, if indicated, shall provide or arrange for each contact to receive prophylaxis of contacts.

**~~E.~~ Special control measures:** ~~The local health agency shall conduct or direct as epidemiologic investigation of each reported case.~~

**R9-6-341. R9-6-349. Mumps**

**A. Case control measures:**

1. ~~An administrator or authorized representative of a school; or child care center, or preschool establishment, either personally or through a representative,~~ shall exclude a mumps case from the school, ~~day care center, or preschool child care establishment~~ for 9 nine days ~~following~~ after the onset of glandular swelling.
2. A health care provider shall use droplet precautions with a mumps case for 9 nine days following after the onset of glandular swelling.



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- B.** ~~Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~
3. A local health agency shall conduct an epidemiologic investigation of each reported mumps case or suspect case. For each mumps case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
- a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Mumps Surveillance Worksheet," which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
- b. An electronic equivalent to the "Mumps Surveillance Worksheet" provided by the Department.
- B.** Contact control measures: When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
1. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
2. Comply with the local health agency's recommendations for exclusion.

**~~R9-6-342.~~ R9-6-350. Pediculosis (Lice Infestation)**

- A.** ~~Reports: An administrator or authorized representative of a public or private school, child care center, or preschool shall report an outbreak of pediculosis.~~
- B.** ~~Case control measures:~~
1. ~~An administrator or authorized representative of a school or child care establishment, either personally or through a representative of a school, child care center, or preschool, shall exclude a pediculosis case from the school, or child care center, or preschool establishment until treatment for pediculosis is initiated the case is treated with a pediculocide.~~
- C.** ~~Outbreak control measures: An administrator or authorized representative of a school, child care center, or preschool shall consult with the local health agency to determine who shall be excluded and how long they shall be excluded during an outbreak.~~
- D.** ~~Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~
2. An administrator of a shelter shall ensure that a pediculosis case is treated with a pediculocide and that the case's clothing and personal articles are disinfested.

**~~R9-6-343.~~ R9-6-351. Pertussis (Whooping Cough)**

- A.** ~~Case control measures:~~
1. ~~An administrator or authorized representative of a school, or child care center, or preschool establishment, either personally or through a representative, shall:~~
- a. ~~exclude Exclude a pertussis case from the school, or child care center, or preschool establishment for 21 days after the date of onset of the illness, cough or for 5 five days following after the date of initiation of antibiotic treatment for pertussis; and~~
- b. ~~Exclude a pertussis suspect case from the school or child care establishment until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.~~
2. ~~A health care provider shall use droplet precautions for a hospitalized pertussis case for 5 five days following after the date of initiation of antibiotic treatment for pertussis.~~
3. A local health agency shall conduct an epidemiologic investigation of each reported pertussis case or suspect case. For each pertussis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
- a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Pertussis Surveillance Worksheet," which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
- b. An electronic equivalent to the "Pertussis Surveillance Worksheet" provided by the Department.
- B.** ~~Contact control measures:~~
1. When a pertussis case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
- a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
- b. Comply with the local health agency's recommendations for exclusion.

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2. ~~The A local health agency shall evaluate household~~ identify close contacts for exposure of a pertussis case and, if indicated, shall provide or arrange for each close contact to receive prophylaxis.
- ~~C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~
- ~~D. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**~~R9-6-344. R9-6-352. Plague~~**

- A. Case control measures:
  1. ~~A hospital A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall use~~ isolate a pneumonic plague case with droplet precautions for a case of pneumonic plague until 3 full days 72 hours of clinically effective antibiotic therapy have been completed with favorable clinical response.
  2. ~~Clothing and personal articles shall be disinfested of fleas with an insecticide approved and labeled for use against fleas.~~
  2. An individual handling the body of a deceased plague case shall use droplet precautions.
  3. A local health agency shall conduct an epidemiologic investigation of each reported plague case or suspect case. For each plague case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
    - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 56.37, "Plague Case Investigation Report" (May 1985), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Vector-Borne Infectious Diseases, P.O. Box 2087 (Foothills Campus), Fort Collins, CO 80522, including no future editions or amendments; or
    - b. An electronic equivalent to Form CDC 56.37 provided by the Department.
- B. Contact control measures: ~~The A local health agency shall provide follow-up of to pneumonic plague contacts of cases of pneumonic plague for 7 seven days after last exposure to a pneumonic plague case.~~
- ~~C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~
- ~~D. Special control measures:~~
  1. ~~Persons handling bodies of deceased cases shall observe universal and respiratory precautions.~~
  2. ~~The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**~~R9-6-345. R9-6-353. Poliomyelitis~~**

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case. For each poliomyelitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Suspected Polio Case Worksheet" (August 1998), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to the "Suspected Polio Case Worksheet" provided by the Department.
- ~~A. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~
- ~~B. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**~~R9-6-346. R9-6-354. Psittacosis (Ornithosis)~~**

- ~~A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported psittacosis case or suspect case. For each psittacosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
  1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.2, "Psittacosis Case Surveillance Report" (March 1981), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
  2. An electronic equivalent to Form CDC 52.2 provided by the Department.

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**~~A-B~~** Environmental control measures:

1. ~~The A~~ local health agency shall ~~cause~~ ensure that infected bird populations infected with *Chlamydia psittaci* or *Chlamydophila psittaci* ~~to be~~ are treated or destroyed and ~~that any contaminated structures are~~ disinfected.
2. ~~The health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

**B:** Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

**~~R9-6-347: R9-6-355, Q Fever~~**

Special Case control measures: ~~The A~~ local health agency shall conduct or direct an epidemiologic investigation of each reported Q fever case or suspect case. For each Q fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Q Fever Case Report" (March 2002), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 55.1 provided by the Department.

**~~R9-6-348: R9-6-356, Rabies in Humans a Human~~**

**A.** Case control measures: ~~A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm or other tissue from a case, suspect case or suspect carrier for transfusion or transplantation.~~

**B:** Special control measures: ~~The A~~ local health agency shall conduct or direct an epidemiologic investigation of each reported human rabies case or suspect case.

**B.** Contact control measures: A local health agency shall evaluate the risk of exposure to human rabies contacts and, if indicated, shall provide or arrange for each contact to receive prophylaxis.

**~~R9-6-357: Staphylococcal Skin Disease~~**

**A:** Case control measures: ~~A hospital shall exclude a case with staphylococcal lesion from providing direct patient care in health care facilities and food handling. A hospital nursery shall isolate a case.~~

**B:** Contact control measures: ~~An administrator of a hospital or health care facility, or an authorized representative, shall isolate a case or, during an outbreak, may group cases colonized with the same organism together.~~

**C:** Environmental control measures: ~~The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

**D:** Special control measures: ~~In a hospital nursery outbreak, a hospital administrator or authorized representative shall exclude a health care provider from the nursery until the health care provider is examined and found not to carry the epidemic strain or the cases are discharged.~~

**~~R9-6-349: R9-6-357, Relapsing Fever (Borreliosis)~~**

Special Case control measures: ~~The A~~ local health agency shall conduct or direct an epidemiologic investigation of each reported borreliosis case or suspect case.

**~~R9-6-350: R9-6-358, Reye Syndrome~~**

Special Case control measures: ~~The A~~ local health agency shall conduct or direct an epidemiologic investigation of each reported Reye syndrome case or suspect case. For each Reye syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.8, "CDC Reye Syndrome Case Investigation Report" (March 1985), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 55.8 provided by the Department.

**~~R9-6-359: Streptococcal Group B Invasive Disease in Infants Less Than 30 Days of Age~~**

Special control measures: The local health agency shall complete an investigation of each case of invasive group B streptococcal disease using a form provided by the Department.

**~~R9-6-351: R9-6-359, Rocky Mountain Spotted Fever~~**

Special Case control measures: ~~The A~~ local health agency shall conduct or direct an epidemiologic investigation of each reported Rocky Mountain spotted fever case or suspect case. For each Rocky Mountain spotted fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

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1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick-Borne Rickettsial Disease Case Report" (January 2001), which is incorporated by reference in R9-6-324; or
2. An electronic equivalent to Form CDC 55.1 provided by the Department.

**~~R9-6-352.~~ R9-6-360. Rubella (German Measles)**

**A. Case control measures:**

1. An administrator or authorized representative of a school or child care establishment, either personally or through a representative, shall exclude a rubella case from the school; or child care center, or preschool establishment from the onset of illness through the 4<sup>th</sup> seventh day after the rash appears.
2. An A diagnosing health care provider or an administrator of a hospital or authorized representative health care institution, either personally or through a representative, shall isolate a hospitalized rubella case.
3. A local health agency shall conduct an epidemiologic investigation of each reported rubella case or suspect case. For each rubella case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
  - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Rubella Surveillance Worksheet," which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
  - b. An electronic equivalent to the "Rubella Surveillance Worksheet" provided by the Department.

**B. Contact control measures:**

1. A paid or volunteer full- or part-time worker at a health care institution shall not participate in the direct care of a rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:
  - a. A record of immunization against rubella given on or after the first birthday, or
  - b. A statement signed by a physician or a state or local health officer affirming serologic evidence of immunity to rubella.
2. When a rubella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.

**B. Outbreak control measures:** An administrator or authorized representative of a school, child care center, or preschool shall exclude non-immune persons from the school, child care center, or preschool during an outbreak.

**C. Special control measures:**

1. No employee of any health care facility shall have direct contact with any rubella patient, including suspect cases, or with any patient who is or may be pregnant unless able to provide evidence of immunity to rubella. Evidence of immunity to rubella shall consist of:
  - a. A record of immunization against rubella given on or after the 1st birthday; or
  - b. A statement signed by a licensed physician, or a state or local health officer which affirms serologic evidence of having had rubella.
2. The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

**~~R9-6-353.~~ R9-6-361. Rubella Syndrome, Congenital**

**A. Case control measures:**

1. An A diagnosing health care provider or an administrator of a hospital health care institution or its authorized representative, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome a case under 1 year of age until a negative virus culture is obtained.
2. A local health agency shall conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case. For each congenital rubella syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
  - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 71.17, "Congenital Rubella Syndrome Case Report" (March 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or
  - b. An electronic equivalent to Form CDC 71.17 provided by the Department.

**B. Special Contact control measures:**

1. No employee of any A paid or volunteer full- or part-time worker at a health care facility institution who is known to be pregnant shall not have direct contact with any participate in the direct care of a congenital rubella syndrome

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patient, including congenital rubella syndrome case or suspect cases, case unless able to provide the worker first provides evidence of immunity to rubella in accordance that complies with R9-6-349(C) R9-6-360(B)(1).

2. The local health agency shall conduct or direct an epidemiologic investigation of each reported case.

**~~R9-6-354.~~ R9-6-362. Salmonellosis**

**A.** Case control measures:

1. ~~The A~~ local health agency shall exclude a symptomatic salmonellosis case with symptoms of salmonellosis from handling working as a food handler, attending child care, caring for children in or attending a child care or preschools establishment, or caring for patients or residents in nursing homes a health care institution until either of the following occurs:
  - 1-a. Two successive ~~negative stool~~ cultures negative for *Salmonella* are obtained from stool specimens collected at least 24 hours or more apart, or
  - 2-b. Symptoms are absent.
2. A local health agency shall conduct an epidemiologic investigation of each reported salmonellosis case or suspect case. For each salmonellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-L or an electronic equivalent to Exhibit III-L provided by the Department.

**B.** Contact control measures: ~~The A~~ local health agency shall exclude contacts a salmonellosis contact with symptoms of salmonellosis from working as a food handlers handler until either of the following occurs:

1. Two successive ~~negative stool~~ cultures negative for *Salmonella* are obtained from stool specimens collected at least 24 hours or more apart, or
2. Symptoms are absent.

**~~C.~~** Environmental control measures: ~~The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

**~~D.~~** Outbreak control measures: ~~The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.~~

**~~R9-6-355.~~ R9-6-363. Scabies**

**~~A.~~** Reports: ~~An administrator or authorized representative of a public or private school, child care center, preschool, or nursing home shall report an outbreak of scabies.~~

**~~B-A.~~** Case control measures:

1. ~~An administrator or authorized representative of a public or private school; or child care center, preschool, or nursing home establishment, either personally or through a representative, shall exclude a scabies case from the school; or child care center, or preschool or from having direct patient contact establishment until treatment for scabies is initiated completed.~~
2. An administrator of a health care institution or shelter, either personally or through a representative, shall exclude a scabies case from participating in the direct care of a patient or resident until treatment for scabies is completed.
3. An administrator of a shelter, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.

**~~C-B.~~** Contact control measures: ~~An administrator or authorized representative of a school, child care center, preschool, or nursing home establishment, health care institution, or shelter, either personally or through a representative, shall refer a household scabies contact with symptoms of scabies for examination and treatment.~~

**~~D.~~** Environmental control measures: ~~The diagnosing health care provider or authorized representative shall counsel a case about concurrent sanitary disposal or disinfestation of the clothing and bedding. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

**~~E-C.~~** Outbreak control measures: ~~The A~~ local health agency shall:

1. ~~conduct or direct~~ Conduct an epidemiologic investigation of each reported scabies outbreak; ;
2. ~~shall provide~~ Provide education and consultation regarding prevention, control, and treatment ~~pursuant to subsections (A), (B), and (C), of scabies; and;~~
3. ~~when~~ When a scabies outbreak occurs in a health care ~~facility institution~~, shall notify the licensing agency of the outbreak.

**R9-6-364. Severe Acute Respiratory Syndrome**

**A.** Case control measures:

1. A local health agency, in consultation with the Department, shall isolate a severe acute respiratory syndrome case or suspect case as necessary to prevent transmission.
2. A local health agency shall conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case.

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- B.** Contact control measures: A local health agency, in consultation with the Department, shall quarantine a severe acute respiratory syndrome contact as necessary to prevent transmission.

**~~R9-6-356.~~ R9-6-365. Shigellosis**

**A.** Case control measures:

1. The A local health agency shall exclude a symptomatic shigellosis case with symptoms of shigellosis from handling working as a food handler, caring for children in or attending a child care centers or preschools establishment, or caring for patients or residents in nursing homes a health care institution until either of the following occurs:
  - a. Two successive negative stool cultures negative for Shigella are obtained from stool specimens collected at least 24 hours or more apart, and at least 48 hours or more after discontinuing antibiotics; or
  - b. Treatment is maintained for 24 hours and symptoms of shigellosis are absent.
2. The diagnosing health care provider or authorized representative shall counsel a case regarding the importance of proper handwashing to prevent transmission.
2. A local health agency shall conduct an epidemiologic investigation of each reported shigellosis case or suspect case. For each shigellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-M or an electronic equivalent to Exhibit III-M provided by the Department.

- B.** Contact control measures: The A local health agency shall exclude a shigellosis contact with symptoms of shigellosis from handling working as a food handler, caring for children in or attending a child care centers establishment or preschools, and or caring for patients or residents in nursing homes a health care institution until 2 two successive negative stool cultures negative for Shigella are obtained from stool specimens collected at least 24 hours or more apart. If either a culture is positive for Shigella, the a local health agency shall reclassify a contact shall be considered as a case or carrier.

- C.** Environmental control measures: The health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

- D.** Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

**~~R9-6-366.~~ Smallpox**

**A.** Case control measures:

1. A local health agency, in consultation with the Department, shall isolate a smallpox case or suspect case as necessary to prevent transmission.
2. A local health agency, in consultation with the Department, shall conduct an epidemiologic investigation of each reported smallpox case or suspect case.

- B.** Contact control measures: A local health agency, in consultation with the Department, shall quarantine a smallpox contact as necessary to prevent transmission and shall monitor the contact for smallpox symptoms, including fever, each day for 21 days after last exposure.

**~~R9-6-358.~~ R9-6-367. Streptococcal Disease and Invasive Group A Streptococcal Disease Group A Infection**

**A.** Non-invasive streptococcal group A infection:

Case control measures: The local health agency An administrator of a school, child care establishment, or health care institution or a person in charge of a food establishment, either personally or through a representative, shall exclude a streptococcal group A infection case with streptococcal lesions or streptococcal sore throat from food handling or working as a food handler, attending school, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution for 24 hours after the initiation of treatment for streptococcal disease infection.

**B.** Invasive streptococcal group A infection:

Outbreak control measures: The A local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection.

- C.** Special control measures: The local health agency shall complete an investigation of each case of invasive group A streptococcal disease using a form provided by the Department.

**~~R9-6-360.~~ R9-6-368. Syphilis**

**A.** Case control measures:

1. A diagnosing health care provider shall prescribe drugs to render a case noninfectious and counsel or arrange for the case to be counseled:
  - a. To abstain from sexual contact during drug treatment and for at least seven days after drug treatment is completed; and
  - b. About the following:
    - i. The characteristics of syphilis;
    - ii. The syndromes caused by syphilis;

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- iii. Measures to reduce the likelihood of transmitting syphilis to another, and
- iv. The need to notify individuals with whom the case has had sexual contact within a time period determined based upon the stage of the disease.

- 2-1. A syphilis case shall obtain serologic testing for syphilis three months and six months after initiating drug treatment.
- 3- A health care provider or operator of a blood bank, blood center, plasma center, tissue bank, or organ bank shall not use blood, blood components, sperm, organs, or tissue from a case for injection, transfusion, or transplantation.
- 4- An operator of a blood bank, blood center, plasma center, tissue bank, or organ bank who interprets as positive a test for the syphilis antigen or antibody shall notify the subject of the test within 30 days after interpreting the test.
- 5-2. The A local health agency shall conduct an epidemiologic investigation of each reported syphilis case or suspect case, confirming the stage of the disease.
- 3. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.

**B.** Contact control measures: ~~The~~ When a syphilis case has named an identified individual, a local health agency shall:

- 1. Notify ~~each~~ the identified individual of syphilis exposure;
- 2. Offer or arrange for the identified individual to receive serologic testing and treatment for syphilis ~~of each identified individual~~; and
- 3. Counsel ~~each~~ the identified individual about the following:
  - a. The characteristics of syphilis,
  - b. The syndromes caused by syphilis,
  - c. Measures to reduce the likelihood of transmitting syphilis to another, and
  - d. The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.

**~~R9-6-361.~~ R9-6-369. Taeniasis**

**A.** Case control measures: ~~The~~ A local health agency shall exclude a ~~food handler or a student~~ taeniasis case with *Taenia solium* from handling working as a food handler, caring for children in or attending a child care center establishment, or caring for patients or residents in a health care institution until free of infestation.

**B.** Environmental control measures: ~~The~~ diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.

**~~R9-6-362.~~ R9-6-370. Tetanus**

**Special Case** control measures: ~~The~~ A local health agency shall conduct ~~or direct~~ an epidemiologic investigation of each reported tetanus case or suspect case. For each tetanus case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

- 1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Tetanus Surveillance Worksheet," which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
- 2. An electronic equivalent to the "Tetanus Surveillance Worksheet" provided by the Department.

**~~R9-6-363.~~ R9-6-371. Toxic Shock Syndrome**

**Special Case** control measures: ~~The~~ A local health agency shall conduct ~~or direct~~ an epidemiologic investigation of each reported toxic shock syndrome case or suspect case. For each toxic shock syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

- 1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.3, "Toxic-Shock Syndrome Case Report" (April 1996), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
- 2. An electronic equivalent to Form CDC 52.3 provided by the Department.

**~~R9-6-364.~~ R9-6-372. Trichinosis**

**Special Case** control measures: ~~The~~ A local health agency shall conduct ~~or direct~~ an epidemiologic investigation of each reported trichinosis case or suspect case. For each trichinosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

- 1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.7, "Trichinosis Surveillance Case Report" (February 1990), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or
- 2. An electronic equivalent to Form CDC 54.7 provided by the Department.

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**R9-6-365. R9-6-373. Tuberculosis**

- A. Case control measures: ~~A hospital shall isolate a pulmonary or laryngeal case in a room with special ventilation until 3 sputum smears are negative for acid fast bacilli, treatment for tuberculosis is initiated, and the case is no longer coughing.~~
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall place an infectious tuberculosis case or suspect case in airborne infection isolation until:
    - a. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning, are negative for acid-fast bacilli;
    - b. Anti-tuberculosis treatment is initiated; and
    - c. Clinical signs and symptoms of active tuberculosis are improved.
  2. An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.
  3. A local health agency shall exclude an infectious tuberculosis case or suspect case from working until:
    - a. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning, are negative for acid-fast bacilli;
    - b. Anti-tuberculosis treatment is initiated; and
    - c. Clinical signs and symptoms of active tuberculosis are improved.
  4. A local health agency shall conduct an epidemiologic investigation of each reported tuberculosis case or suspect case. For each tuberculosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
    - a. One of the following:
      - i. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, "Report of Verified Case of Tuberculosis" (January 2003), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of TB Elimination, 1600 Clifton Rd., NE, Mailstop E-10, Atlanta, GA 30333), including no future editions or amendments; or
      - ii. An electronic equivalent to Form CDC 72.9A and B provided by the Department; and
    - b. Exhibit III-N or an electronic equivalent to Exhibit III-N provided by the Department.
- B. Contact control measures: ~~Contacts shall be subject to Mantoux tuberculin testing with purified protein derivative (PPD)~~
1. An individual who has been exposed to an infectious tuberculosis case shall allow a local health agency to evaluate the individual's tuberculosis status.
  2. A local health agency shall exclude a tuberculosis contact with symptoms suggestive of tuberculosis from working until the contact has been evaluated by a physician, physician assistant, or registered nurse practitioner and determined by the physician, physician assistant, or registered nurse practitioner not to have infectious tuberculosis.
  3. The Except as provided in subsection (B)(4), a local health agency shall arrange for tuberculin skin testing a tuberculosis contact to have an approved test for tuberculosis of a contact not known to have tuberculosis infection.
  4. If a tuberculosis contact is known to have had a prior positive result on an approved test for tuberculosis, post-exposure testing is not required. A local health agency shall question the contact about symptoms of active tuberculosis and, if the contact has symptoms of active tuberculosis, provide or arrange for the contact to receive a chest x-ray.
  5. If a tuberculosis contact tests negative for tuberculosis, the a local health agency shall arrange for a retest 3 reevaluation three months after the 1st skin test contact's last exposure to the infectious case.
  6. For tuberculosis exposures occurring in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, in consultation with a local health agency, shall have the primary responsibility for identifying and evaluating tuberculosis contacts.
  7. A health care provider or an administrator of a health care institution or correctional facility that has identified and evaluated tuberculosis contacts shall release information gathered regarding the contacts, including personal identifying information, to a local health agency or to the Department upon request.
- C. An individual is not a tuberculosis case if the individual has a positive result from an approved test for tuberculosis but does not have clinical signs or symptoms of disease.
- ~~C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~
- ~~D. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**R9-6-366. R9-6-374. Tularemia**

- A. Case control measures:
1. ~~A hospital~~ A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic tularemia case of pneumonic tularemia with droplet precautions for until 48 hours after the initiation of treatment of antibiotic therapy have been completed with favorable clinical response.



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2. A local health agency shall conduct an epidemiologic investigation of each reported pneumonic tularemia case or suspect case.

~~B. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

~~C. Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**R9-6-367. R9-6-375. Typhoid Fever**

A. Case control measures:

1. The A local health agency shall exclude a typhoid fever case from handling working as a food handler, and caring for children in or attending a child care centers or preschools establishment, or caring for patients or residents in a health care institution until at least 1 one month or more after the date of onset of the illness and 3 three successive negative stool cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least 24 hours or more apart and at least 48 hours or more after cessation of antibiotic therapy. If 1 a culture is positive for *Salmonella typhi*, the exclusions a local health agency shall be enforced enforce the exclusions until 3 three successive negative stool cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least 1 one month or more apart, and 12 or fewer months or less after the date of onset of the illness. If a positive stool culture is obtained on a stool specimen collected at least 12 months or more after onset, the a local health agency shall redesignate a case shall be designated as a carrier.

2. A local health agency shall exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least one month apart, at least one by purging.

3. A local health agency shall conduct an epidemiologic investigation of each reported typhoid fever case or suspect case. For each typhoid fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.5, "Typhoid Fever Surveillance Report" (June 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or

b. An electronic equivalent to Form CDC 52.5 provided by the Department.

B. Contact control measures: ~~The A~~ A local health agency shall exclude a typhoid fever contact from handling working as a food handler and or caring for children in a child care centers or preschools establishment until 2 two successive negative stool cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least 24 hours or more apart. If either a culture is positive for *Salmonella typhi*, the a local health agency shall redesignate a contact shall be considered to be as a case.

~~C. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

~~D. Special control measures:~~

1. ~~A local health officer shall not exclude a carrier from food handling when 3 negative stool cultures are obtained from specimens collected 1 month or more apart and no contact is symptomatic during this time. One of the 3 specimens shall be obtained by purging.~~

2. ~~Special control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported case.~~

**R9-6-368. R9-6-376. Typhus Fever: Flea-borne**

Special Case control measures: The A local health agency shall conduct or direct an epidemiologic investigation of each reported typhus fever case or suspect case.

**R9-6-377. Unexplained Death with a History of Fever**

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported case or suspect case of unexplained death with a history of fever.

**R9-6-378. Vaccinia-Related Adverse Event**

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event. For each vaccinia-related adverse event case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

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1. One of the following:
  - a. A Food and Drug Administration, U.S. Department of Health and Human Services, Form VAERS-1, "Vaccine Adverse Event Reporting System," which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or
  - b. An electronic equivalent to Form VAERS-1 provided by the Department;
2. One of the following:
  - a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet," which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or
  - b. An electronic equivalent to the "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet" provided by the Department; and
3. One of the following:
  - a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine VAERS Report Follow-up Worksheet," which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100; or
  - b. An electronic equivalent to the "Smallpox Vaccine VAERS Report Follow-up Worksheet" provided by the Department.

**~~R9-6-369; R9-6-379.~~ Vancomycin-Resistant *Enterococcus* sp. *Enterococcus* spp.**

Case control measures: ~~An~~ A diagnosing health care provider or an administrator or authorized representative of a hospital or health care facility institution, either personally or through a representative, shall implement contact isolation for patients isolate and implement contact precautions for a case of with suspected vancomycin-resistant *Enterococcus* sp. spp.

**~~R9-6-370; R9-6-380.~~ Vancomycin-Resistant *Staphylococcus aureus***

Case control measures:

1. ~~An~~ A diagnosing health care provider or an administrator or authorized representative of a hospital or health care facility institution, either personally or through a representative, shall implement contact isolation for patients with suspected isolate and implement contact precautions for a case or suspect case of vancomycin-resistant *Staphylococcus aureus*.
2. A local health agency, in consultation with the Department, shall isolate a case or suspect case of vancomycin-resistant *Staphylococcus aureus* as necessary to prevent transmission.

**~~R9-6-371; R9-6-381.~~ Vancomycin-Resistant *Staphylococcus epidermidis***

Case control measures: ~~An~~ A diagnosing health care provider or an administrator or authorized representative of a hospital or health care facility institution, either personally or through a representative, shall implement contact isolation for patients with suspected isolate and implement contact precautions for a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*.

**~~R9-6-372; R9-6-382.~~ Varicella (Chickenpox)**

**A.** Case control measures:

1. ~~An administrator or authorized representative of a school, or child care center, or preschool establishment, either personally or through a representative, shall exclude a varicella case from the school, or child care center, or preschool establishment until lesions are dry and crusted.~~
2. ~~A hospital diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall use place a varicella case in airborne infection isolation precautions for a case.~~

**B.** Contact control measures: When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:

1. Consult with a local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
2. Comply with the local health agency's recommendations for exclusion.

**~~R9-6-373; R9-6-383.~~ *Vibrio* *Vibrio* Infection**

~~Special~~ Case control measures: The A local health agency shall complete conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case of *Vibrio* infection using a form provided by the Department. For each case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other *Vibrio* Illness Surveillance Report" (July 2000), which is incorporated by reference in R9-6-313; or
2. An electronic equivalent to Form CDC 52.79 provided by the Department.

**R9-6-384. Viral Hemorrhagic Fever**

**A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a viral hemorrhagic fever case or suspect case for the duration of the illness.
2. A local health agency shall conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case.

**B. Contact control measures:** A local health agency, in consultation with the Department, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.

**R9-6-385. West Nile Virus Fever or West Nile Encephalitis**

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported West Nile virus fever or West Nile encephalitis case or suspect case. For each West Nile encephalitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-D or an electronic equivalent to Exhibit III-D provided by the Department.

**~~R9-6-374.~~ R9-6-386. Yellow Fever**

~~Special~~ Case control measures: The A local health agency shall conduct or direct an epidemiologic investigation of each reported yellow fever case or suspect case.

**~~R9-6-375.~~ R9-6-387. Yersiniosis**

~~Special~~ Case control measures: The A local health agency shall complete conduct an epidemiologic investigation of each reported yersiniosis case or suspect case of yersiniosis using a form provided by the Department. For each yersiniosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-L or an electronic equivalent to Exhibit III-L provided by the Department.

**R9-6-388. Isolation and Quarantine**

**A.** When a local health agency is required by this Article to isolate or quarantine an individual, the local health agency shall prepare a written plan explaining the justification for the control measures, the isolation or quarantine and other control measure requirements, and the consequences of an individual's failure to comply. The local health agency shall encourage the individual or, if the individual is a minor or incapacitated adult, the individual's parent or guardian to comply voluntarily with examinations, isolation or quarantine requirements, and other control measures according to the written plan.

**B.** If a local health agency determines that an individual whose isolation or quarantine is required under this Article is not complying voluntarily with isolation or quarantine control measures, the local health agency shall issue a written order to cooperate to the individual or, if the individual is a minor or incapacitated adult, the individual's parent or guardian.

1. In addition to requiring isolation or quarantine of the individual, the order may:
  - a. Require the individual to undergo physical examinations and medical tests to ascertain and monitor the individual's health status, and
  - b. Provide information about existing medical treatment, if available and necessary to render the individual less infectious, and the consequences of an individual's failure to obtain such medical treatment.
2. The written order shall specify:
  - a. The identity of the individual or group of individuals subject to isolation or quarantine;
  - b. The premises at which the individual or group of individuals is to be isolated or quarantined;
  - c. The date and time at which isolation or quarantine commences; and
  - d. If known, the suspected communicable disease that necessitates the isolation or quarantine.
3. The local health agency shall provide the written order to each individual to be isolated or quarantined. If an order applies to a group of individuals, and it would be impractical to provide individual copies, the local health agency may post the order in a conspicuous place at the premises at which the individuals are to be isolated or quarantined.

**C.** Within 10 days after issuing a written order described in subsection (B), a local health agency shall file a petition for a court order authorizing the continued isolation or quarantine of an individual or a group of individuals. The petition shall:

1. Include the following:
  - a. The identity of the individual or group of individuals subject to isolation or quarantine;
  - b. The premises at which the individual or group of individuals is to be isolated or quarantined;
  - c. The date and time at which isolation or quarantine commences;
  - d. If known, the suspected communicable disease that necessitates the isolation or quarantine;
  - e. A statement of compliance with the conditions and principles for isolation and quarantine; and
  - f. A statement of the basis on which isolation or quarantine is justified; and
2. Be accompanied by the sworn affidavit of a representative of the local health agency attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

**D.** A local health agency that files a petition for a court order under subsection (C) shall provide notice to each individual identified in the petition within 24 hours after the petition is filed and according to the Arizona rules of civil procedure.

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**EXHIBIT III-A**

Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

**Campylobacter Investigation Form**  
**Arizona Department of Health Services**

**Symptomatology**

1. Which of the following symptoms did you have?

>3 loose stools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
# days (>3 loose stools)	_____		highest temperature	_____	date _____
# episodes in 24 hours	_____		Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood in stools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Muscle aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:	_____	

2. When did your symptoms start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.  
3. What date did the diarrhea start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.  
4. Were you hospitalized? ☐ Yes ☐ No Adm Date \_\_\_\_\_ # days \_\_\_\_\_  
5. How long did your illness last? \_\_\_\_\_ # of days to full recovery

**Occupation**

6. Work at or attend child care? ☐ Yes ☐ No  
7. Food handler (work or volunteer)? ☐ Yes ☐ No  
Household member is a food handler? ☐ Yes ☐ No  
8. Provide patient care? ☐ Yes ☐ No

**Food Habits**

9. Are you a vegetarian? ☐ Yes ☐ No  
Type \_\_\_\_\_

**Medical History**

10. Have existing chronic medical problem(s) or any medical condition(s)? ☐ Yes ☐ No  
Describe \_\_\_\_\_

**Within the last month:**

11. Antibiotics ☐ Yes ☐ No  
Name \_\_\_\_\_ dosage, # of days \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? ☐ Yes ☐ No

**Risk factors:**

**In the 7 days prior to your illness, were you exposed to any of the following:**

13. Contact with : ☐ Yes ☐ No  
Farm animals ☐ Yes ☐ No  
Petting zoo animal ☐ Yes ☐ No  
Pets ☐ Yes ☐ No  
What kind of animal(s) \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_  
Were any ill? ☐ Yes ☐ No

14. Any travel? ☐ Yes ☐ No  
Where? \_\_\_\_\_

From? \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Airline? \_\_\_\_\_ Flight No. \_\_\_\_\_  
Foods eaten on:  
outbound flight \_\_\_\_\_  
return flight \_\_\_\_\_

15. Contact to someone with diarrhea? ☐ Yes ☐ No  
Name & relationship? \_\_\_\_\_  
When? \_\_\_\_\_

16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? ☐ Yes ☐ No  
When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_  
When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_

17. Get your face wet in the ocean, a lake, pool or river? ☐ Yes ☐ No  
Where? \_\_\_\_\_

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Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

ADHS Campylobacter Investigation Form

Page two

**Food History**

**During the 7 days prior to your illness give the day and date to orient the patient :**

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? if restaurant, list location
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

**In the 7 days prior to your illness, did you consume any of the following:**

19. Fresh (not pasteurized) eggs? ☐ Yes ☐ No  
Runny yolk? ☐ Yes ☐ No

Where? \_\_\_\_\_

20. Poultry (chicken, turkey, etc)? ☐ Yes ☐ No  
Brand/Where bought? \_\_\_\_\_

21. Raw (unpasteurized) milk or dairy product? ☐ Yes ☐ No

Brand/Where bought? \_\_\_\_\_

22. Untreated or raw water? ☐ Yes ☐ No  
Where? \_\_\_\_\_

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Send or Fax to: ADHS Infectious Disease Epidemiology  
150 North 18<sup>th</sup> Ave, Suite 140  
Phoenix, Arizona 85007-3237  
(602) 364-3676  
(602) 364-3199 Fax



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**EXHIBIT III-C**

[For State Use Only]

ID \_\_\_\_\_  
EFORS \_\_\_\_\_

**SUSPECTED VIRAL GASTROENTERITIS OUTBREAK FORM**

Infectious Disease Epidemiology Section  
Arizona Department of Health Services  
150 N 18<sup>th</sup> Ave, Suite 140  
Phoenix, AZ 85007-3237

Telephone (602) 364-3676  
Facsimile (602) 364-3199

**General Information**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Primary contact person for epidemiologic investigation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
Facsimile \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_

**Outbreak Information**

Date of first case \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Date health department notified \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Date of last case \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Outbreak ongoing? Yes No

Location(s) of outbreak City \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_

Institution or event (if applicable) \_\_\_\_\_ Date of event \_\_\_\_/\_\_\_\_/\_\_\_\_  
[e.g., nursing home, restaurant, bus tour, wedding, catered meal] mm dd yy

Institution or event contact person \_\_\_\_\_ Telephone \_\_\_\_\_

**Illness Characteristics**

Number of persons ill \_\_\_\_\_ Duration of illness (mean/median/range) \_\_\_\_\_

Number of persons susceptible \_\_\_\_\_ Incubation of illness (mean/median/range) \_\_\_\_\_

Predominant symptoms (frequencies if available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of persons who sought medical care \_\_\_\_\_ Number of persons admitted to a hospital \_\_\_\_\_  
(e.g., emergency room, doctor's office, medical clinic)

Suspected source(s) of exposure \_\_\_\_\_  
e.g., water, specific food(s), ice, person, object]

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**Specimen Collection**

Contact person for specimen collection and handling \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Number of **stool** specimens collected \_\_\_\_\_ Number of **vomit** specimens collected \_\_\_\_\_

Tested for bacteria? Yes No Results (if known) \_\_\_\_\_

Tested for ova and parasites? Yes No Results (if known) \_\_\_\_\_

*Stool and vomit specimens collected from ill persons should be stored in watertight containers (e.g., urine specimen cups) and refrigerated (not frozen), and shipped on ice, accompanied by CDC form 50.34.*

Date specimens shipped to CDC        /        /        Specimen type \_\_\_\_\_  
mm dd yy

Date specimens shipped to CDC        /        /        Specimen type \_\_\_\_\_  
mm dd yy

Date specimens shipped to CDC        /        /        Specimen type \_\_\_\_\_  
mm dd yy

Comments:

THANK YOU

Revised 8/03



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**RECOMMENDATIONS REGARDING SPECIMEN COLLECTION FOR DIAGNOSIS OF NLVs\***

**Clinical Specimens**

***Stool***

**Timing.** Specimen collection for viral testing should begin on day 1 of the epidemiologic investigation. Any delays to await testing results for bacterial or parasitic agents could preclude establishing a viral diagnosis. Ideally, specimens should be obtained during the acute phase of illness (i.e., within 48–72 hours after onset) while the stools are still liquid or semisolid because the level of viral excretion is greatest then. With the development of sensitive molecular assays, the ability to detect viruses in specimens collected later in the illness has been improved. In specific cases, specimens might be collected later during the illness (i.e., 7–10 days after onset), if the testing is necessary for either determining the etiology of the outbreak or for epidemiologic purposes (e.g., a specimen obtained from an ill foodhandler who might be the source of infection). If specimens are collected late in the illness, the utility of viral diagnosis and interpretation of the results should be discussed with laboratory personnel before tests are conducted.

**Number and Quantity.** Ideally, specimens from  $\geq 10$  ill persons should be obtained during the acute phase of illness. Bulk samples (i.e., 10–50 ml of stool placed in a stool cup or urine container) are preferred, as are acute diarrhea specimens that are loose enough to assume the shape of their containers. Serial specimens from persons with acute, frequent, high-volume diarrhea are useful as reference material for the development of assays. The smaller the specimen and the more formed the stool, the lower the diagnostic yield. Rectal swabs are of limited or no value because they contain insufficient quantity of nucleic acid for amplification.

**Storage and Transport.** Because freezing can destroy the characteristic viral morphology that permits a diagnosis by EM, specimens should be kept refrigerated at 4 C. At this temperature, specimens can be stored without compromising diagnostic yield for 2–3 weeks, during which time testing for other pathogens can be completed. If the specimens have to be transported to a laboratory for testing, they should be bagged and sealed and kept on ice or frozen refrigerant packs in an insulated, waterproof container. If facilities for testing specimens within 2–3 weeks are not available, specimens can be frozen for antigen or PCR testing.

***Vomit***

Vomiting is the predominant symptom among children, and specimens of vomitus can be collected to supplement the diagnostic yield from stool specimens during an investigation. Recommendations for collection, storage, and shipment of vomitus specimens are the same as those for stool specimens.

***Serum***

**Timing.** If feasible, acute- and convalescent-phase serum specimens should be obtained to test for a diagnostic  $\geq 4$ -fold rise in IgG titer to NLVs. Acute-phase specimens should be obtained during the first 5 days of symptoms, and the convalescent-phase specimen should be collected from the third to sixth week after resolution of symptoms.

**Number and Quantity.** Ideally, 10 pairs of specimens from ill persons (i.e., the same persons submitting stool specimens) and 10 pairs from well persons (controls) should be obtained. Adults should provide 5–7 ml of blood, and children should provide 3–4 ml.

**Storage.** Specimens should be collected in tubes containing no anticoagulant, and the sera should be spun off and frozen. If a centrifuge is not available, a clot should be allowed to form, and the serum should be decanted and frozen. If this step cannot be accomplished, the whole blood should be refrigerated but not frozen.

***Environmental Specimens***

NLVs cannot be detected routinely in water, food, or environmental specimens. Nevertheless, during recent outbreaks (33-36), NLVs have been detected successfully in vehicles epidemiologically implicated as the source of infection. If a food or water item is strongly suspected as the source of an outbreak, then a sample should be obtained as early as possible and stored at 4 C. If the epidemiologic investigation confirms the link, a laboratory with the capacity to test these specimens should be contacted for further testing. If drinking water is suspected, special filtration (45) of large volumes (i.e., 5--100 liters) of water can concentrate virus to facilitate its detection.

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**EXHIBIT III-D**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
West Nile Encephalitis Case Investigation Form**

ID Number: \_\_\_\_\_ Date Case Was Reported : \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of chart review: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of patient/proxy interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person who reviewed chart: \_\_\_\_\_

**I. PATIENT INFORMATION:**

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

2. Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work/Other Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Other Contact Information: \_\_\_\_\_

4. Age: \_\_\_\_ 5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Country of Birth: \_\_\_\_\_ (If born outside US, year arrived in US: \_\_\_\_)

7. Sex: ☐ Male ☐ Female

8. Race: ☐ White ☐ Black ☐ Asian ☐ Other, if other, please specify: \_\_\_\_\_  
Ethnicity: ☐ Hispanic ☐ Nonhispanic ☐ Unknown

**9. Attending MD information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MD\_\_ or DO\_\_  
Hospital Affiliation: \_\_\_\_\_ Department: \_\_\_\_\_  
Office Number: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

**10. Primary Care or Private MD information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MD\_\_ or DO\_\_  
Hospital Affiliation: \_\_\_\_\_ Department: \_\_\_\_\_  
Office Number: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

**11. Reporting Provider Information (if different than above physicians)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MD\_\_ or DO\_\_  
Hospital Affiliation: \_\_\_\_\_ Department: \_\_\_\_\_  
Office Number: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

**II. HOSPITAL INFORMATION:**

1. Hospital: \_\_\_\_\_ 2. Medical Record No.: \_\_\_\_\_

3. Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Admission Diagnoses: a) \_\_\_\_\_ ICD9 Code \_\_\_\_\_

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	b) _____	ICD9 Code _____
	c) _____	ICD9 Code _____
<b>Discharge Diagnoses</b>	a) _____	ICD9 Code _____
	b) _____	ICD9 Code _____
	c) _____	ICD9 Code _____

6. Chief Complaint (please write): \_\_\_\_\_

7. Date of onset of chief complaint or date patient first became ill: \_\_\_\_/\_\_\_\_/\_\_\_\_

**8. Briefly summarize the History of Present Illness:**

Sources (Check all that apply): ☐ ER note ☐ Intern H&P ☐ Resident ☐ Attending ☐ Consult ☐ Unknown  
 (In the event of contradictory information complete via hierarchy: Consult >Attending >Resident >Intern >ER)

**9. Symptoms on Presentation**

Sources (Check all that apply): ☐ ER note ☐ Intern H&P ☐ Resident ☐ Attending ☐ Consult ☐ Unknown  
 (In the event of contradictory information complete via hierarchy: Consult >Attending >Resident >Intern >ER)

Fever:	<input type="checkbox"/> Yes	(If yes, maximum temperature reported: _____ C / F)	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Headache:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Stiff neck:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Photophobia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Fatigue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Swollen glands:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Joint pains:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Muscle pains:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Muscle weakness:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

(If yes, specify which muscles: ☐ Upper Extremities ☐ Lower Extremities ☐ Both)

Describe in more detail any subjective complaints of motor weakness: \_\_\_\_\_

Rash:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Nausea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Diarrhea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Vomiting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Abdominal pain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Urinary sx:	<input type="checkbox"/> Yes	(If yes, specify: _____)	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Chest pain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Shortness of breath:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Conjunctivitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Altered mental status:	<input type="checkbox"/> Yes	(If yes, specify: _____)	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Unconscious:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Confusion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Seizures:	<input type="checkbox"/> Yes	(If yes, specify type: <input type="checkbox"/> generalized <input type="checkbox"/> focal <input type="checkbox"/> status epilepticus)	<input type="checkbox"/> No <input type="checkbox"/> Unknown

**10. Past Medical History**

Hypertension:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Diabetes:	<input type="checkbox"/> Yes	(If yes, specify type of diabetes: <input type="checkbox"/> IDDM <input type="checkbox"/> NIDDM)	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Cardiac disease:	<input type="checkbox"/> Yes	(If yes, specify: _____)	<input type="checkbox"/> No <input type="checkbox"/> Unknown

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Lung disease: ☐Yes (If yes, specify: \_\_\_\_\_) ☐No ☐Unknown  
 Hepatitis: ☐Yes (If yes, specify: ☐Hep A ☐Hep B ☐Hep C ☐Other) ☐No ☐Unknown  
 Pancreatitis: ☐Yes ☐No ☐Unknown  
 Seizures: ☐Yes (If yes, specify: \_\_\_\_\_) ☐No ☐Unknown  
 Cancer: ☐Yes (If yes, specify: \_\_\_\_\_) ☐No ☐Unknown  
 (If yes, currently on treatment: ☐Yes ☐No ☐Unknown)

Status 1/Status 2: ☐Yes (If yes, last CD4 Count: \_\_\_\_\_ Date: \_\_/\_\_/\_\_) ☐No ☐Unknown  
 Other immunocompromising diseases: ☐Yes (If yes, specify: \_\_\_\_\_) ☐No ☐Unknown

West Nile Encephalitis: ☐Yes (If yes, year diagnosed: \_\_\_\_\_) ☐No ☐Unknown  
 St. Louis Encephalitis: ☐Yes (If yes, year diagnosed: \_\_\_\_\_) ☐No ☐Unknown  
 Dengue Fever: ☐Yes (If yes, year diagnosed: \_\_\_\_\_) ☐No ☐Unknown  
 Japanese Encephalitis: ☐Yes (If yes, year diagnosed: \_\_\_\_\_) ☐No ☐Unknown  
 Other flavivirus: ☐Yes (If yes, year diagnosed: \_\_\_\_\_) ☐No ☐Unknown  
 (please specify): \_\_\_\_\_

**11. Vaccination History**

Vaccination against **yellow fever**: ☐Yes ☐No ☐Unknown  
 If yes: Date of vaccination \_\_/\_\_/\_\_  
 Name and contact information for the physician who administered the vaccine:  
 Name: \_\_\_\_\_ Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_

Vaccination against **Japanese Encephalitis virus**: ☐Yes ☐No ☐Unknown  
 If yes: Date of vaccination \_\_/\_\_/\_\_  
 Name and contact information for the physician who administered the vaccine:  
 Name: \_\_\_\_\_ Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_

Vaccination against **tickborne encephalitis**: ☐Yes ☐No ☐Unknown  
 If yes: Date of vaccination \_\_/\_\_/\_\_  
 Name and contact information for the physician who administered the vaccine:  
 Name: \_\_\_\_\_ Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_

**12. Physical Exam on Admission**

a. Vital Signs (these should be the first set taken, usually on the initial ER triage sheet).  
 Temperature: \_\_\_\_ (Oral \_\_\_\_ Rectal \_\_\_\_) HR: \_\_\_\_ Resp. Rate: \_\_\_\_ B/P: \_\_\_\_/\_\_\_\_

Duration of fever (consecutive days since admission with T ≥ 100.4°F) \_\_\_\_\_

b. Mental Status on presentation to the ED or as noted on admission note:  
 Level of alertness (check one):

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☐ Alert    ☐ Somnolent    ☐ Lethargic    ☐ Stuporous    ☐ Comatose

Oriented to (check all that apply):

☐ Person    ☐ Place    ☐ Time

Responds to Verbal Stimuli    ☐ Yes    ☐ No    ☐ Unknown

Responds to Painful Stimuli    ☐ Yes    ☐ No    ☐ Unknown

Describe other mental status abnormalities on presentation (please write): \_\_\_\_\_

c. Motor Exam as noted on ED or admission H&P: \_\_\_\_\_

d. Head and Neck Exam:

Sources (Check all that apply): ☐ ER note    ☐ Intern H&P    ☐ Resident    ☐ Attending    ☐ Consult    ☐ Unknown  
(In the event of contradictory information complete via hierarchy: Consult >Attending >Resident >Intern >ER)

Stiff neck:    ☐ Present    ☐ Absent    ☐ Not Noted

Brudzinski:    ☐ Present    ☐ Absent    ☐ Not Noted

Kernig:    ☐ Present    ☐ Absent    ☐ Not Noted

Photophobia:    ☐ Present    ☐ Absent    ☐ Not Noted

Conjunctivitis:    ☐ Present    ☐ Absent    ☐ Not Noted

e. Other:

Lymphadenopathy:    ☐ Present    ☐ Absent    ☐ Not Noted

Skin:    ☐ Normal    ☐ Abnormal (If abnormal, specify type of rash and location: \_\_\_\_\_)    ☐ Not Noted

Abdomen:    ☐ Normal    ☐ Abnormal (If abnormal, specify type and location: \_\_\_\_\_)    ☐ Not Noted

Heart Exam:    ☐ Normal    ☐ Abnormal (If abnormal, specify type and location: \_\_\_\_\_)    ☐ Not Noted

f. Other significant positive findings (describe): \_\_\_\_\_

13. Initial Laboratory Studies

a. Urinalysis:    ☐ Yes (If yes, date: \_\_\_\_/\_\_\_\_/\_\_\_\_)    ☐ No    ☐ Not documented

General: \_\_\_\_\_ Color: \_\_\_\_\_ WBC's: \_\_\_\_\_ Protein: \_\_\_\_\_

b. CBC: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

HGB: \_\_\_\_\_ HCT: \_\_\_\_\_ Platelets: \_\_\_\_\_ Total WBC: \_\_\_\_\_

% Gran: \_\_\_\_\_ % Bands: \_\_\_\_\_ % Lymph: \_\_\_\_\_ % Monos: \_\_\_\_\_ Absolute Gran (if done): \_\_\_\_\_

c. T cell studies:    ☐ Yes    ☐ No    ☐ Unknown

(If yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CD4: \_\_\_\_\_ CD8: \_\_\_\_\_ %CD4: \_\_\_\_\_)

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- d. **Chemistry:** Date: \_\_/\_\_/\_\_ Na:\_\_\_\_ K:\_\_\_\_ CL:\_\_\_\_ CO2:\_\_\_\_ BUN:\_\_\_\_ Cr:\_\_\_\_ Glucose:\_\_\_\_
- e. **CPK:** 1<sup>st</sup>: Date: \_\_/\_\_/\_\_ 2<sup>nd</sup>: Date: \_\_/\_\_/\_\_ 3<sup>rd</sup>: Date: \_\_/\_\_/\_\_  
 Total:\_\_\_\_ MB:\_\_\_\_ Index:\_\_\_\_ Total:\_\_\_\_ MB:\_\_\_\_ Index:\_\_\_\_ Total:\_\_\_\_ MB:\_\_\_\_ Index:\_\_\_\_
- f. **LFT's:** Date: \_\_/\_\_/\_\_ AST:\_\_\_\_ ALT:\_\_\_\_ T.bili:\_\_\_\_ Indirect .bili:\_\_\_\_ Alk phos:\_\_\_\_ GGT:\_\_\_\_
- g. **Amylase:**\_\_\_\_ Date: \_\_/\_\_/\_\_ h. **Lipase:**\_\_\_\_ Date: \_\_/\_\_/\_\_ i. **LDH:**\_\_\_\_ Date: \_\_/\_\_/\_\_
- j. **Spinal tap done?** ☐Yes ☐No ☐Unknown  
 If yes: 1<sup>st</sup> CSF: Date collected: \_\_/\_\_/\_\_  
 Protein:\_\_\_\_ WBC count:\_\_\_\_ Differential: \_\_\_\_% Poly \_\_\_\_% Segs \_\_\_\_% Lymphs  
 Gram stain: ☐Positive (If positive, specify:\_\_\_\_) ☐Negative ☐Unknown  
 Bacterial culture: ☐Positive (If positive, specify:\_\_\_\_) ☐Negative ☐Unknown  
 Herpes PCR: ☐Positive ☐Negative ☐Unknown  
 Other: \_\_\_\_\_
- 2<sup>nd</sup> CSF: Date collected: \_\_/\_\_/\_\_  
 Protein:\_\_\_\_ WBC count:\_\_\_\_ Differential: \_\_\_\_% Poly \_\_\_\_% Segs \_\_\_\_% Lymphs  
 Gram stain: ☐Positive (If positive, specify:\_\_\_\_) ☐Negative ☐Unknown  
 Bacterial culture: ☐Positive (If positive, specify:\_\_\_\_) ☐Negative ☐Unknown  
 Herpes PCR: ☐Positive ☐Negative ☐Unknown  
 Other: \_\_\_\_\_

**14. Radiological and Diagnostic Studies:** (Final reports ONLY. Please write in all findings)

EKG ( \_\_/\_\_/\_\_ ): \_\_\_\_\_

CXR ( \_\_/\_\_/\_\_ ): \_\_\_\_\_

EMG ( \_\_/\_\_/\_\_ ): \_\_\_\_\_

MRI of head ( \_\_/\_\_/\_\_ ): \_\_\_\_\_

CT of head: ( \_\_/\_\_/\_\_ ): \_\_\_\_\_

**15. Neurology Examination**

Was neurology consulted? ☐Yes ☐No ☐Unknown  
 (If yes, please use the neurology consult form/note; use the attending's note if possible.)  
 If neurology was not consulted, please use most complete neurologic exam in chart.  
 The most complete neurologic examination abstracted below was performed by:  
☐ ER note ☐ Intern H&P ☐ Resident ☐ Attending ☐ Neuro Consult ☐ Other \_\_\_\_\_

Date of Exam: \_\_/\_\_/\_\_  
 Name of neurologist: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Telephone number ( ) \_\_\_\_\_ - \_\_\_\_\_ Beeper number ( ) \_\_\_\_\_ - \_\_\_\_\_

If no neurologist consulted, please list name and specialty of the exam used to complete this section:

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Telephone number ( ) \_\_\_\_\_ - \_\_\_\_\_ Beeper number ( ) \_\_\_\_\_ - \_\_\_\_\_

Mental Status: ☐ Normal ☐ Abnormal ☐ Not Noted  
(If abnormal, level of alertness:)

☐ Alert ☐ Somnolent ☐ Lethargic ☐ Stupor ☐ Coma ☐ Other \_\_\_\_\_

Oriented to (check all that apply): ☐ Person ☐ Place ☐ Time

Attention/Concentration: ☐ Normal ☐ Abnormal ☐ Not Noted

Agitation: ☐ Present ☐ Absent ☐ Not Noted

Cranial Nerve Function: ☐ Normal ☐ Abnormal ☐ Not Noted

If abnormal, please document abnormality and location: \_\_\_\_\_

Motor Exam: ☐ Normal ☐ Abnormal ☐ Not Noted

(If abnormal, please note abnormalities using 0/5-5/5 scale, if provided)

a. Left Arm \_\_\_\_\_ Right Arm \_\_\_\_\_ Left Leg \_\_\_\_\_ Right Leg \_\_\_\_\_

b. Pattern of weakness identified: Ascending \_\_\_\_\_ Descending \_\_\_\_\_ Unknown \_\_\_\_\_

c. Describe muscle weakness in more detail: \_\_\_\_\_

Reflexes: ☐ Normal ☐ Abnormal ☐ Not Noted

If abnormal, please note abnormalities using 0/5-5/5 scale)

Left Arm \_\_\_\_\_ Right Arm \_\_\_\_\_ Left Leg \_\_\_\_\_ Right Leg \_\_\_\_\_

Cerebellar Function: ☐ Normal ☐ Abnormal ☐ Not Noted

If abnormal, please document abnormality and location: \_\_\_\_\_

What were the diagnostic impressions of the neurology consultant (check all that apply)?

☐ Meningitis ☐ Encephalitis ☐ Guillain-Barre syndrome

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ NONE

**16. Infectious Disease Consult**

Infectious disease consult obtained? ☐ Yes ☐ No ☐ Unknown

(If yes, please document using infectious disease consult form/note; use the attending's note if possible.)

Date: \_\_/\_\_/\_\_

Name of physician: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Telephone number ( ) \_\_\_\_\_ - \_\_\_\_\_ Beeper number ( ) \_\_\_\_\_ - \_\_\_\_\_

Was West Nile encephalitis mentioned as a possibility in the initial differential diagnosis or diagnostic impression?

☐ Yes ☐ No ☐ Unknown

Was West Nile testing recommended at any point? ☐ Yes ☐ No ☐ Unknown

(If yes, date recommended: \_\_/\_\_/\_\_)



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Were any other diagnostic tests/laboratory studies recommended? ☐ Yes ☐ No

(If yes, please specify: ) \_\_\_\_\_  
 \_\_\_\_\_

What were the diagnostic impressions of the ID consultant (check all that apply)?

- ☐ Meningitis      ☐ Encephalitis      ☐ Guillain-Barre syndrome  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ NONE

Was an etiologic agent(s) mentioned by the ID consultant? ☐ Yes (If yes, please list below) ☐ No

\_\_\_\_\_  
 \_\_\_\_\_

**17. Hospital Course**

Initial treatment:

a. antibiotics? ☐ Yes ☐ No ☐ Unknown

If yes, please list antibiotics given: \_\_\_\_\_

b. acyclovir? ☐ Yes ☐ No ☐ Unknown

Did patient require intensive care? ☐ Yes ☐ No ☐ Unknown

If yes, Date admitted to ICU: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date left ICU: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of stay in ICU, in days: \_\_\_\_\_

Was patient on mechanical ventilation? ☐ Yes ☐ No ☐ Unknown

Did patient have physical therapy and or consult? ☐ Yes ☐ No ☐ Unknown

Did patient have speech therapy and or consult? ☐ Yes ☐ No ☐ Unknown

Did patient have occupational therapy and or consult? ☐ Yes ☐ No ☐ Unknown

When was WNV first mentioned in the chart as a possible diagnosis? Date first mentioned: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person who first mentioned WNV:

Name \_\_\_\_\_ Specialty \_\_\_\_\_

**18. Disposition**

What was patient's condition on discharge:

☐ Recovered      ☐ Died      ☐ Still in hospital      ☐ Improved but not to baseline prior to illness

☐ Other \_\_\_\_\_

Was patient discharged to:

☐ Home      ☐ Long-term care facility      ☐ Still in hospital      ☐ Other \_\_\_\_\_

Condition on discharge:

a) Ambulation:

☐ Fully ambulatory      ☐ Ambulatory with assistance      ☐ Wheel chair      ☐ Bedridden

☐ Other      ☐ Unknown

b) Activities of daily living:

☐ Unchanged from admission      ☐ Impaired from admission      ☐ Requires total assistance      ☐ Unknown

**III. RISK EXPOSURE HISTORY**

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(The time frame for all questions below should be the **three weeks prior to illness onset**: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_)

1. Person interviewed: ☐Patient ☐Other  
 If other, Name of person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone contact \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

2. Did the patient travel **outside the USA** in the three weeks before illness onset? ☐Yes ☐No ☐Unknown  
 If yes, Countries visited: \_\_\_\_\_  
 Date departed from US: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date returned to US: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Did the patient travel away from home during the three weeks before illness onset? ☐Yes ☐No ☐Unknown  
 If yes, Places visited \_\_\_\_\_  
 Date departed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. **(For persons born in US only)**  
 Has the patient ever traveled outside the United States? ☐Yes ☐No ☐Unknown  
 (If yes, specify countries visited and approximate dates of travel:)

NOTE: If patient has traveled extensively, pls focus on areas in African, Middle East and Asia

Country(ies) visited	Date departed US	Date returned to US
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

5. Is patient employed? ☐Yes ☐No ☐Unknown  
 If yes: Occupation: \_\_\_\_\_  
 Where does he/she work? \_\_\_\_\_

6. Did the patient spend time in any parks during the **three weeks before illness onset**?  
☐Yes ☐No ☐Unknown  
 If yes, list park name(s) : \_\_\_\_\_

7. Please ask if patient spent time outdoors in any of the following areas during the **3 weeks before illness onset**?

Beach: ☐Yes ☐No ☐Unknown  
 If yes, Places visited: \_\_\_\_\_

Zoo: ☐Yes ☐No ☐Unknown  
 If yes, Places visited: \_\_\_\_\_

Public garden: ☐Yes ☐No ☐Unknown  
 If yes, Places visited: \_\_\_\_\_

Cemetery: ☐Yes ☐No ☐Unknown  
 If yes, Places visited: \_\_\_\_\_

Outdoors sport field or stadium: ☐Yes ☐No ☐Unknown  
 If yes, Places visited: \_\_\_\_\_

Ask patient/proxy to list all **OTHER** places patient likely spent time outdoors in the **three weeks before illness onset**:  
 \_\_\_\_\_

Does patient recall being bitten by mosquitoes during the **three weeks before illness onset**? ☐Yes ☐No ☐Unknown

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If yes: ☐ Often ☐ Sometimes ☐ Rarely

Where was patient when he/she was bitten: \_\_\_\_\_

8. Does patient recall seeing dead birds in the **three weeks before illness onset**? ☐ Yes ☐ No ☐ Unknown

If yes: ☐ Often ☐ Sometimes ☐ Rarely

Where did patient report seeing dead birds: \_\_\_\_\_

9. Did patient have direct contact with dead bird (touching bird with bare hands)? ☐ Yes ☐ No ☐ Unknown

10. Does the patient have air conditioning in their home? ☐ Yes ☐ No ☐ Unknown

11. Does the patient/family recall having leaving any windows open home without screens during the **three weeks before illness onset**? ☐ Yes ☐ No ☐ Unknown

12. Please verify vaccination history, even if noted in the medical chart:

Vaccination against **yellow fever**: ☐ Yes ☐ No ☐ Unknown

If yes: Date of vaccination \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and contact information for the physician who administered the vaccine:

Name: \_\_\_\_\_ Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Vaccination against **Japanese Encephalitis virus**: ☐ Yes ☐ No ☐ Unknown

If yes: Date of vaccination \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and contact information for the physician who administered the vaccine:

Name: \_\_\_\_\_ Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Vaccination against **tickborne encephalitis**: ☐ Yes ☐ No ☐ Unknown

If yes: Date of vaccination \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and contact information for the physician who administered the vaccine:

Name: \_\_\_\_\_ Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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**EXHIBIT III-E**

***E. coli* O157:H7 Investigation Form**  
Arizona Department of Health Services

State I.D. Number: \_\_\_\_\_

**\*\*Please attach Communicable Disease Report (CDR) to this form\*\***

Reporting State: _____ County: _____	
<b>I. DEMOGRAPHIC INFORMATION</b>	
1. Name-Last _____ First _____	2. Date of Birth: ____/____/____ or Age: ____ years ____ months mo day yr
<b>II. ISOLATE INFORMATION</b>	
3. Source of Specimen: <input type="checkbox"/> 1 Stool (whole, stool swab, rectal swab) <input type="checkbox"/> 2 Other (specify): _____ <input type="checkbox"/> 3 Not Isolated <input type="checkbox"/> 4 Unknown	8. This case reported by: <input type="checkbox"/> 1 Hospital lab <input type="checkbox"/> 6 State Lab <input type="checkbox"/> 2 Other lab <input type="checkbox"/> 7 Other (specify): _____ <input type="checkbox"/> 3 Physician <input type="checkbox"/> 4 Infection Control Practitioner <input type="checkbox"/> 5 School
4. Date of Specimen Collection: ____/____/____ mo day yr	
5. Was identification of the O157 serogroup confirmed, either at the State Public Health Laboratory or at the Centers for Disease Control? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	Reporting laboratorian's name: _____ Telephone: ( ) _____ - _____
6. Was identification of the H7 serotype confirmed, either at the State Public Health Laboratory or at the Centers for Disease Control? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	Physician's name: _____ Telephone: ( ) _____ - _____
7. Was Shiga-like toxin production confirmed, either at the State Public Health Laboratory or at the Centers for Disease Control? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
<b>III. CLINICAL INFORMATION</b>	
9. Date of Illness Onset: ____/____/____ <input type="checkbox"/> Unknown mo day yr	13. Did the patient: (please check one answer for each question)
10. Did the patient have: (please check one answer for each question)	
Diarrhea <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	have Hemolytic Uremic Syndrome? (i.e. hemolytic anemia, low platelet count, kidney impairment): <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown
Vomiting <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	have Thrombotic Thrombocytopenic Purpura? (i.e. hemolytic anemia, low platelet count, kidney impairment, central nervous system involvement, fever): <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown
Visible blood in stools <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	undergo dialysis? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown
Fever (or felt feverish) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	have surgery? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown
Abdominal cramps <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	die? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown
11. Was the patient admitted overnight to a hospital for this illness? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown if yes, name of hospital: _____	
12. Was the patient treated with antibiotics? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown if yes, name and dose: _____	
<b>IV. PUBLIC HEALTH INFORMATION</b>	
14. Does the patient attend or work in:	15. Is the patient usually employed as:
a child day care center? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	a health care worker? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown
an institution? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	a food handler? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown
if yes, where: _____	if yes, where: _____
<b>V. DATA COLLECTOR INFORMATION</b>	
Person Completing This Form: _____ Agency: _____ Phone Number: _____ Date: ____/____/____ mo day yr ( ) _____ - _____	

**\*Note:** If patient was hospitalized, please attach copy of discharge summary if possible.

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(1/01)

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VI. EPIDEMIOLOGIC INFORMATION																																																																													
<p>16. In the 7 days before the illness began, did the patient eat at:</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes 1</th><th style="text-align: center;">No 2</th><th style="text-align: center;">Unknown 3</th></tr></thead><tbody><tr><td>a fast food restaurant?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>another restaurant?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>if yes, name and location of restaurant(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		Yes 1	No 2	Unknown 3	a fast food restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	another restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>22. In the 7 days before the illness began, did the patient:</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes 1</th><th style="text-align: center;">No 2</th><th style="text-align: center;">Unknown 3</th></tr></thead><tbody><tr><td>visit or live on a farm?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>have contact with any cows or cattle?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>touch any cow manure?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>have contact with any children who attend a day care center?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>change any diapers?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>have contact with any children who use diapers?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>go swimming?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>if yes, where?</td><td colspan="3">_____</td></tr><tr><td>travel to another state?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>if yes, where?</td><td colspan="3">_____</td></tr><tr><td>travel to another country?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>if yes, where?</td><td colspan="3">_____</td></tr><tr><td>From? _____ / _____ / _____ to _____ / _____ / _____</td><td colspan="3"></td></tr></tbody></table>		Yes 1	No 2	Unknown 3	visit or live on a farm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have contact with any cows or cattle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	touch any cow manure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have contact with any children who attend a day care center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	change any diapers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have contact with any children who use diapers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	go swimming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, where?	_____			travel to another state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, where?	_____			travel to another country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, where?	_____			From? _____ / _____ / _____ to _____ / _____ / _____											
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In the 7 days before the illness began, did the patient eat or drink any of the following items at home, in a restaurant, or in any other place?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes 1</th><th style="text-align: center;">No 2</th><th style="text-align: center;">Unknown 3</th></tr></thead><tbody><tr><td>raw (unpasteurized) milk</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>other dairy products made from raw (unpasteurized) milk</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>well water</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>other unchlorinated water</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>apple cider</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>any ground beef or hamburger</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>pink or red ground beef or hamburger</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>any steak or roast beef</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>pink or red steak or roast beef</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>if yes, please list brand names and location where purchased:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		Yes 1	No 2	Unknown 3	raw (unpasteurized) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other dairy products made from raw (unpasteurized) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	well water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other unchlorinated water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	apple cider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any ground beef or hamburger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pink or red ground beef or hamburger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any steak or roast beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pink or red steak or roast beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>23. Did anyone else in the patient's home have diarrhea in the 7 days before or after this patient's illness began?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p style="text-align: center;">1                      2                      3</p> <p>if yes, please obtain the following information on these people:</p> <table style="width: 100%;"><thead><tr><th style="text-align: left;">Name</th><th style="text-align: left;">Age</th><th style="text-align: left;">Sex</th><th colspan="3" style="text-align: center;">Bloody Stools?</th></tr><tr><th></th><th></th><th></th><th style="text-align: center;">Yes 1</th><th style="text-align: center;">No 2</th><th style="text-align: center;">Unknown 3</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table>	Name	Age	Sex	Bloody Stools?						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<p>24. Does the patient know anyone else who has had a similar illness in the past 3 weeks?      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p style="text-align: center;">1                      2                      3</p> <p>if yes, please obtain names and telephone numbers of persons with similar illnesses: _____</p> <p>_____</p> <p>_____</p>																																																																													
<p>25. Did this case occur as part of an outbreak (two or more cases of <i>coli</i> O157:H7 infection associated by time and place)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p style="text-align: center;">1                      2                      3</p> <p>if yes, please describe: _____</p> <p>_____</p> <p>_____</p>																																																																													
<p><b>VII. COMMENTS</b></p> <p>_____</p> <p>_____</p> <p>_____</p>																																																																													

**Arizona Administrative Register / Secretary of State**  
**Notices of Proposed Rulemaking**

**EXHIBIT III-F**

Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

**Giardiasis Investigation Form**  
**Arizona Department of Health Services**

**Symptomatology**

1. Which of the following symptoms did you have?

>3 loose stools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
# days (>3 loose stools)	_____		highest temperature	_____ date _____	
# episodes in 24 hours	_____		Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood in stools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pale/Greasy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Backache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Muscle aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____		

2. When did your symptoms start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.  
3. What date did the diarrhea start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.  
4. Were you hospitalized? ☐ Yes ☐ No Adm Date \_\_\_\_\_ # days \_\_\_\_\_  
5. How long did your illness last? \_\_\_\_\_ # of days to full recovery

**Occupation**

6. Work at or attend child care? ☐ Yes ☐ No  
7. Food handler (work or volunteer)? ☐ Yes ☐ No  
Household member is a food handler? ☐ Yes ☐ No  
8. Provide patient care? ☐ Yes ☐ No

**Food Habits**

9. Are you a vegetarian? ☐ Yes ☐ No  
Type \_\_\_\_\_

**Medical History**

10. Have existing chronic medical problem(s) or any medical condition(s)? ☐ Yes ☐ No  
Describe \_\_\_\_\_

**Within the last month:**

11. Antibiotics ☐ Yes ☐ No  
Name \_\_\_\_\_ dosage, # of days \_\_\_\_\_

12. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? ☐ Yes ☐ No

**Risk factors:**

**In the 7 days prior to your illness, were you exposed to any of the following:**

13. Contact with : ☐ Yes ☐ No  
Farm animals ☐ Yes ☐ No  
Petting zoo animal ☐ Yes ☐ No  
Pets (including hedgehogs) ☐ Yes ☐ No  
What kind of animal(s) \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_  
If the pet is a dog was it exposed to untreated water? ☐ Yes ☐ No

Were any pets ill with diarrhea? ☐ Yes ☐ No

14. Any travel? ☐ Yes ☐ No  
Where? \_\_\_\_\_

From? \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Airline? \_\_\_\_\_ Flight No. \_\_\_\_\_

Foods eaten on:  
Outbound Flight \_\_\_\_\_  
Return Flight \_\_\_\_\_

15. Contact to someone with diarrhea? ☐ Yes ☐ No

Name & relationship? \_\_\_\_\_

When? \_\_\_\_\_

16. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? ☐ Yes ☐ No  
When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_

17. Get your face wet in the a lake, river, pool or spa? ☐ Yes ☐ No

Where? \_\_\_\_\_

**Arizona Administrative Register / Secretary of State**  
**Notices of Proposed Rulemaking**

Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

ADHS Giardiasis Investigation Form

Page two

**Food History**

**During the 7 days prior to your illness give the day and date to orient the patient :**

18. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? if restaurant, list location
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

**In the 7 days prior to your illness, did you consume any of the following:**

19. Raw sprouts (alfalfa, clover)? ☐ Yes ☐ No  
Brand/Where bought? \_\_\_\_\_

24. Who supplies your water? \_\_\_\_\_

20. Raw (unpasteurized) milk or dairy product? ☐ Yes ☐ No  
Brand/Where bought? \_\_\_\_\_

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

21. Untreated or raw water? ☐ Yes ☐ No  
Where? \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

22. Use water from a well? ☐ Yes ☐ No  
23. Is your water filtered? ☐ Yes ☐ No

Send or Fax to: ADHS Infectious Disease Epidemiology  
150 North 18<sup>th</sup> Ave, Suite 140  
Phoenix, Arizona 85007-3237  
(602) 364-3676  
(602) 364-3199 Fax

**Notices of Proposed Rulemaking**

**EXHIBIT III-G**

**Arizona Department of Health Services  
Bureau of Epidemiology and Disease Control**

State ID \_\_\_\_\_

**HEPATITIS A CASE REPORT**

The following questions should be asked for every case of Hepatitis A

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Preferred Name (nickname): \_\_\_\_\_ Maiden: \_\_\_\_\_  
 Address: Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 SSN # (optional) \_\_\_\_\_ - \_\_\_\_\_  
 State: \_\_\_\_\_ County: \_\_\_\_\_ Date Reported to Health Department \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEMOGRAPHIC INFORMATION**

<b>RACE (check all that apply):</b> <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other Race, specify _____	<b>ETHNICITY:</b> <input type="checkbox"/> Hispanic ..... <input type="checkbox"/> Non-hispanic .. <input type="checkbox"/> .....Other/Unknown
<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk	<b>PLACE OF BIRTH:</b> <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	<b>DATE OF BIRTH:</b> ____/____/____ <b>AGE:</b> _____ (years) ( 00= <1yr, 99= Unk )	

**CLINICAL & DIAGNOSTIC DATA**

**REASON FOR TESTING:** (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Symptoms of acute hepatitis   | <input type="checkbox"/> Prenatal screening                   |
| <input type="checkbox"/> Screening of asymptomatic patient with reported risk factors                      | <input type="checkbox"/> Blood / organ donor screening        |
| <input type="checkbox"/> Screening of asymptomatic patient with no risk factors (e.g., patient requested ) | <input type="checkbox"/> Evaluation of elevated liver enzymes |
| <input type="checkbox"/> Follow-up testing for previous marker of viral hepatitis                          | <input type="checkbox"/> Unknown                              |
| <input type="checkbox"/> Other: specify: _____   |   |

CLINICAL DATA:		DIAGNOSTIC TESTS: CHECK ALL THAT APPLY																																																																																							
Diagnosis Date: ____/____/____  Is patient symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, onset date: ____/____/____  Was the patient Jaundiced: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Hospitalized for Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk  Was the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Due date: ____/____/____  Did the patient die from Hepatitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Date of death: : ____/____/____		<table border="0"> <tr> <th></th> <th align="center">Pos</th> <th align="center">Neg</th> <th align="center">Unk</th> </tr> <tr> <td>Total antibody to Hepatitis A (total anti-HAV)</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td 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<b>LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS</b> ALT (SGPT) Result _____ Upper limit normal _____ Date of ALT Result ____/____/____ AST (SGOT) Result _____ Upper limit normal _____ Date of AST Result ____/____/____ Bilirubin Result _____ Date of Bilirubin Result ____/____/____		If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																																																																																							



**Notices of Proposed Rulemaking**

**Arizona Department of Health Services  
Bureau of Epidemiology and Disease Control**

State ID \_\_\_\_\_

**PATIENT HISTORY-ACUTE HEPATITIS A**

During the <b>2-6 weeks</b> prior to onset of symptoms-	<b>Yes</b>	<b>No</b>	<b>Unk</b>
Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the contact (check one)			
household member (non-sexual)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sex partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child cared for by this patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
babysitter of this patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playmate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other _____			
Was the patient			
a child or employee in a day care center, nursery, or preschool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a household contact of a child or employee in a day care center, nursery or preschool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes for either of these, was there an identified hepatitis A case in the childcare facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please ask both of the following questions regardless of the patient's gender.</b>	<b>0</b>	<b>1</b>	<b>2-5</b>
In the <b>2- 6 weeks</b> before symptom onset how many			<b>&gt;5</b>
male sex partners did the patient have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
female sex partners did the patient have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
unprotected sex?	<b>Yes</b>	<b>No</b>	<b>Unk</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the <b>2- 6 weeks</b> before symptom onset	<b>Yes</b>	<b>No</b>	<b>Unk</b>
Did the patient inject drugs not prescribed by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the patient use street drugs but not inject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the patient travel <b>outside</b> of the U.S.A. or Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where? 1) _____ 2) _____			
(Country) 3) _____			
In the <b>3 months</b> prior to symptom onset			
Did anyone in the patient's household travel outside of the U.S.A. or Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, where? 1) _____ 2) _____			
(Country) 3) _____			
Is the patient suspected as being part of a common-source outbreak?			
If yes, was the outbreak			
Foodborne- associated with an infected food handler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodborne - NOT associated with an infected food handler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
specify food item _____			
Waterborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source not identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient employed as a food handler during the <b>TWO WEEKS</b> prior to onset of symptoms or while ill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>VACCINATION HISTORY</b>			
	<b>Yes</b>	<b>No</b>	<b>Unk</b>
Has the patient ever received the hepatitis A vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many doses?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
In what year was the last dose received?			
	<b>Yes</b>	<b>No</b>	<b>Unk</b>
Has the patient ever received immune globulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when was the last dose received?	____/____/____		

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**SUPPLEMENTARY INFORMATION**

**FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION**

Patient's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Employed by \_\_\_\_\_ Work phone \_\_\_\_\_

Report physician's name, address, and phone # \_\_\_\_\_

If patient was hospitalized for hepatitis, give name of hospital \_\_\_\_\_

**FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON PREVIOUS PAGES**

**IF APPLICABLE:**

1. Name, address and phone # of child care center \_\_\_\_\_

2. Name and address of school, grade, classroom attended \_\_\_\_\_

3. Name, address and phone # of restaurant where food handler worked \_\_\_\_\_

4. Food history of patient for the 2-6 weeks prior to onset:

a. name and location of restaurants \_\_\_\_\_

b. name and location of food stores \_\_\_\_\_

c. name and location of bakery \_\_\_\_\_

d. group meals attended (e.g., reception, church, meeting, etc) \_\_\_\_\_

e. location raw shellfish purchased \_\_\_\_\_

5. Name, address, and phone # of known hepatitis A contacts \_\_\_\_\_

Relationship \_\_\_\_\_

6.

**CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS A**

Name	Date of Birth	Relationship to Case	IG	Vaccine

7. If transfused, **NOTIFY BLOOD CENTER!** Name of Blood Center \_\_\_\_\_

a. number of units of whole blood, packed RBC or frozen RBC received \_\_\_\_\_

b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc) \_\_\_\_\_

8. **IF DONOR**, name, address, and phone # of donor or plasmapheresis center \_\_\_\_\_

Date \_\_\_\_\_

9. Name, address, and phone # of dialysis center \_\_\_\_\_

10. Name, address, and phone # of dentist or oral surgeon \_\_\_\_\_

11. If other surgery performed, name, address, and phone # of location \_\_\_\_\_

12. Name, address, and phone # of acupuncturist or tattoo parlor \_\_\_\_\_

13. Is patient currently pregnant? \_\_\_\_\_ If yes, give obstetrician's name, address and phone # \_\_\_\_\_

a. estimated date and location of delivery \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

**INVESTIGATOR'S NAME AND TITLE** \_\_\_\_\_

**DATE OF INTERVIEW** \_\_\_\_\_

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**EXHIBIT III-H**

**Arizona Department of Health Services  
Bureau of Epidemiology and Disease Control**

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**ACUTE HEPATITIS B and D CASE REPORT**

The following questions should be asked for every case of Acute Hepatitis B and D

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Preferred Name (nickname): \_\_\_\_\_ Maiden: \_\_\_\_\_  
Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_ Zip Code: \_\_\_\_\_  
SSN # (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
State: \_\_\_\_\_ County: \_\_\_\_\_ Date Reported to Health Department \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEMOGRAPHIC INFORMATION**

<b>RACE (check all that apply):</b> <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race, specify _____		<b>ETHNICITY:</b> <input type="checkbox"/> Hispanic ..... <input type="checkbox"/> Non-hispanic .. <input type="checkbox"/> ..Other/Unknown
<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk	<b>PLACE OF BIRTH:</b> <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	<b>DATE OF BIRTH:</b> ____/____/____ <b>AGE:</b> _____ (years) (00= <1yr, 99= Unk )

**CLINICAL & DIAGNOSTIC DATA**

**REASON FOR TESTING:** (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Symptoms of acute hepatitis<br><input type="checkbox"/> Screening of asymptomatic patient with reported risk factors<br><input type="checkbox"/> Screening of asymptomatic patient with no risk factors (e.g., patient requested )<br><input type="checkbox"/> Follow-up testing for previous marker of viral hepatitis<br><input type="checkbox"/> Other: specify: _____ | <input type="checkbox"/> Prenatal screening<br><input type="checkbox"/> Blood / organ donor screening<br><input type="checkbox"/> Evaluation of elevated liver enzymes<br><input type="checkbox"/> Unknown |
|--|--|

CLINICAL DATA:	DIAGNOSTIC TESTS: CHECK ALL THAT APPLY	Pos	Neg	Unk
Diagnosis Date: ____/____/____	Total antibody to Hepatitis A (total anti-HAV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is patient symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, onset date: ____/____/____	IgM antibody to Hepatitis A virus (IgM anti-HAV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient Jaundiced: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Hospitalized for Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Hepatitis B surface antigen (HBsAg) First Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Due date: ____/____/____	Total antibody to hepatitis B core antigen (total anti-HBc) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the patient die from Hepatitis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Date of death: ____/____/____	IgM antibody to hepatitis B core antigen (IgM anti HBc) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If IgM anti-HBc is negative, STOP. Do not use this form. Use the Chronic Hepatitis B Case Report</b>				
<b>LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS</b> ALT (SGPT) Result _____ Upper limit normal _____ Date of ALT Result ____/____/____ AST (SGOT) Result _____ Upper limit normal _____ Date of AST Result ____/____/____ Bilirubin Result _____ Date of Bilirubin Result ____/____/____		Antibody to hepatitis C virus (anti-HCV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>
		Anti-HCV signal to cut-off ratio _____	<input type="checkbox"/>	<input type="checkbox"/>
		Supplemental anti-HCV assay (e.g., RIBA)	<input type="checkbox"/>	<input type="checkbox"/>
		HCV RNA (e.g., PCR) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>
		Antibody to hepatitis D virus (anti-HDV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>
		Antibody to hepatitis E virus (anti-HEV) Test Result Date _____	<input type="checkbox"/>	<input type="checkbox"/>

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**PATIENT HISTORY-ACUTE HEPATITIS B and D**

<p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?</p> <p><b>If yes, type of contact</b></p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td>Sexual</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>Household [Non-sexual]</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>Other: _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table>		Yes	No	Unk	Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household [Non-sexual]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ask both of the following questions regardless of the patient's gender.</p> <p>In the <b>6 months</b> before symptom onset how many</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">0</th><th style="text-align: center;">1</th><th style="text-align: center;">2-5</th><th style="text-align: center;">&gt;5</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td>male sex partners did the patient have?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>female sex partners did the patient have?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>unprotected sex?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>Was the patient <b>EVER treated</b> for a sexually-transmitted disease?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>If yes, what is the date of the most recent treatment ? _____</p> <p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms did patient</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td>inject drugs not prescribed by a doctor?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>use street drugs but not inject?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table>		0	1	2-5	>5	Unk	male sex partners did the patient have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	female sex partners did the patient have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No	Unk	inject drugs not prescribed by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	use street drugs but not inject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
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<p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms,</p> <p>Did the patient- undergo hemodialysis?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>have an accidental stick or puncture with a needle or other object contaminated with blood?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>receive blood or blood products [transfusion]?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>if yes, when? ____/____/____</p> <p>have other exposure to someone else's blood?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>specify: _____</p> <p>During the <b>6 weeks - 6 months</b> prior to onset of symptoms</p> <p>Was the patient employed in a medical or dental field involving direct contact with human blood?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>If yes, frequency of direct blood contact?</p> <table style="width: 100%;"><tbody><tr><td><input type="checkbox"/> Frequent (several times weekly)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Infrequent</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>If yes, frequency of direct blood contact?</p> <table style="width: 100%;"><tbody><tr><td><input type="checkbox"/> Frequent (several times weekly)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Infrequent</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>Did the patient receive a tattoo?</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unk</th></tr></thead><tbody><tr><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p>where was the tattooing performed? 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**Arizona Department of Health Services  
Bureau of Epidemiology and Disease Control**

State ID \_\_\_\_\_

**SUPPLEMENTARY INFORMATION**

**FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION**

Patient's Name \_\_\_\_\_ Home phone \_\_\_\_\_ Employed by \_\_\_\_\_ Work phone \_\_\_\_\_

Report physician's name, address, and phone # \_\_\_\_\_

If patient was hospitalized for hepatitis, give name of hospital \_\_\_\_\_

**FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON PREVIOUS PAGES**

**IF APPLICABLE:**

1. Name, address and phone # of child care center \_\_\_\_\_

2. Name and address of school, grade, classroom attended \_\_\_\_\_

3. Name, address, and phone # of known hepatitis B contacts \_\_\_\_\_

Relationship \_\_\_\_\_

4.

**CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS B**

Name	Date of Birth	Relationship to Case	HBIG	Vaccine

5. If transfused, **NOTIFY BLOOD CENTER!** Name of Blood Center \_\_\_\_\_

a. number of units of whole blood, packed RBC or frozen RBC received \_\_\_\_\_

b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc) \_\_\_\_\_

6. **IF DONOR**, name, address, and phone # of donor or plasmapheresis center \_\_\_\_\_

Date \_\_\_\_\_

7. Name, address, and phone # of dialysis center \_\_\_\_\_

8. Name, address, and phone # of dentist or oral surgeon \_\_\_\_\_

9. If other surgery performed, name, address, and phone # of location \_\_\_\_\_

10. Name, address, and phone # of acupuncturist or tattoo parlor \_\_\_\_\_

11. Is patient currently pregnant? \_\_\_\_\_ If yes, give obstetrician's name, address and phone # \_\_\_\_\_

a. estimated date and location of delivery \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

**INVESTIGATOR'S NAME AND TITLE** \_\_\_\_\_

**DATE OF INTERVIEW** \_\_\_\_\_

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**EXHIBIT III-I**

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**Division of Public Health Services**  
**Arizona Immunization Program Office**  
**Perinatal Hepatitis B Program**  
**(602) 364-3630**

**CONFIDENTIAL**

Case Identification #: \_\_\_\_\_  
(ADHS use only)

Date Initiated: \_\_\_\_\_

**Perinatal Hepatitis B Case Management Report**

Client Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street address (if different from mailing address): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Mother's language: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Refugee program: \_\_\_\_ Yes \_\_\_\_ No

Race/Ethnicity: American Indian/Alaskan Native \_\_\_\_ White \_\_\_\_ Black \_\_\_\_

Hispanic Group \_\_\_\_ Asian/Pacific Island Group \_\_\_\_ Other \_\_\_\_ Unknown \_\_\_\_

Name of facility/provider filing report: \_\_\_\_\_

Date of HBsAg test #1: \_\_\_\_\_ Results: \_\_\_\_ Pos \_\_\_\_ Neg \_\_\_\_\_ Lab

Date of HBsAg test #2: \_\_\_\_\_ Results: \_\_\_\_ Pos \_\_\_\_ Neg \_\_\_\_\_ Lab

Diagnosed: \_\_\_\_ Acute \_\_\_\_ Carrier \_\_\_\_ Unknown

Obstetrical care provider: \_\_\_\_\_ Provider's phone #: \_\_\_\_\_

Planned delivery hospital: \_\_\_\_\_ EDC: \_\_\_\_\_

**When complete please mail or fax to:**  
Arizona Department of Health Services  
Perinatal Hepatitis B Program  
150 N. 18<sup>th</sup> Avenue, Suite 120  
Phoenix, AZ 85007-3233  
Fax Number - (602) 364-3274

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**EXHIBIT III-J**

**Listeriosis Investigation Form**  
Arizona Department of Health Services

State ID: \_\_\_\_\_

**\*\*Please attach Communicable Disease Report (CDR) to this form\*\***

County: _____		Interviewer: _____	Interview Date: ____/____/____
<b>I. Patient Information</b>			
Name: Last _____ First _____		Date of Birth: ____/____/____	
<b>II. Isolate Information</b>			
Source of Specimen: <input type="checkbox"/> Blood <input type="checkbox"/> Tissue <input type="checkbox"/> CSF <input type="checkbox"/> Other <input type="checkbox"/> Vaginal      Specify: _____		Type of Infection: <input type="checkbox"/> Bacteremia <input type="checkbox"/> Meningitis <input type="checkbox"/> Neonatal Sepsis <input type="checkbox"/> Other <input type="checkbox"/> Encephalitis      Specify: _____	
Date of first positive culture: ____/____/____	Lab test type: <input type="checkbox"/> Culture <input type="checkbox"/> Other (specify): _____		
<b>III. Clinical Information</b>			
Date of symptom onset: ____/____/____		Health Care Provider Information: Provider Name: _____	
Was the case hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. Hospital: _____ Admit Date: ____/____/____ Total days hospitalized: _____		Provider Address: _____ Provider Phone: (____) _____ Chart #: _____      Record #: _____	
Outcome: (check all that apply) <input type="checkbox"/> Died <input type="checkbox"/> Survived <input type="checkbox"/> Miscarriage <input type="checkbox"/> Still birth <input type="checkbox"/> Unknown			
Was the case diagnosed while pregnant or within 2 weeks of delivery or miscarriage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please indicate the outcome of the pregnancy: <input type="checkbox"/> Normal      Date of delivery: ____/____/____ <input type="checkbox"/> Still birth      Date of stillbirth: ____/____/____ <input type="checkbox"/> Miscarriage      Date of miscarriage: ____/____/____ <input type="checkbox"/> On-going      Expected delivery date: ____/____/____ <input type="checkbox"/> Other (please specify): _____			
Was the case a newborn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes:      Was the mother tested for listeriosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of mother's positive test result (if applicable) ____/____/____ <input type="checkbox"/> Unknown Mother's Name:      Last Name _____      First Name _____			
<b>IV. Exposure History</b>			
Did the case (or mother of a newborn case) consume any of the following food items within 3 weeks prior to symptom onset. <i>If asymptomatic, use the date of specimen collection (or the delivery date, if a newborn case) as the date of onset.</i>			
Hot Dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Specify types/brands: _____	
Pre-packaged or sliced deli meats: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Specify types/brands: _____	
Soft/Mexican cheese: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Specify types/brands: _____	
Unpasteurized milk (or products made from unpasteurized milk): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Specify types/brands: _____	
Any other high risk foods? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, please specify: _____			



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**EXHIBIT III-K**

**LYME DISEASE REPORT**

Patient's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

COUNTY  
REPORTING: \_\_\_\_\_

DATE OF REPORT: 

MO.	DAY	YR.

 - 


**PATIENT INFORMATION**

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

DATE OF BIRTH

MO.	DAY	YR.

AGE


SEX

☐ MALE  
☐ FEMALE

RACE

☐ BLACK (NOT HISPANIC) ☐ WHITE (NOT HISPANIC) ☐ ASIAN  
☐ BLACK (HISPANIC) ☐ WHITE (HISPANIC) ☐ A. INDIAN

WAS / IS PATIENT PREGNANT? ☐ YES ☐ NO ☐ UNKNOWN

OCCUPATION \_\_\_\_\_

**CLINICAL HISTORY**

DATE OF ONSET OF ILLNESS 

MO.	DAY	YR.

**EARLY SIGNS AND SYMPTOMS**

FEVER ☐ YES ☐ NO ☐ UNKNOWN  
HEADACHE ☐ YES ☐ NO ☐ UNKNOWN  
SORE THROAT ☐ YES ☐ NO ☐ UNKNOWN  
NAUSEA / VOMITING ☐ YES ☐ NO ☐ UNKNOWN

MYALGIA ☐ YES ☐ NO ☐ UNKNOWN  
STIFF NECK ☐ YES ☐ NO ☐ UNKNOWN  
LYMPHADENOPATHY ☐ YES ☐ NO ☐ UNKNOWN

**SKIN MANIFESTATIONS?**

☐ YES ☐ NO ☐ UNKNOWN

IF YES, DATE OF ONSET

MO.	DAY	YR.

ECM/ERYTHEMA CHROMICUM MIGRANS (RED CIRCULAR EXPANDING LESION(S) WITH CENTRAL CLEARING)

☐ YES ☐ NO ☐ UNKNOWN

NUMBER OF LESIONS 


DIAMETER OF LARGEST LESION(S) (CM) 


LOCATION OF LESION(S) \_\_\_\_\_

OTHER SKIN LESIONS OR RASH? ☐ YES ☐ NO ☐ UNKNOWN

IF YES, DESCRIBE: \_\_\_\_\_

**NEUROLOGIC MANIFESTATIONS?**

☐ YES ☐ NO ☐ UNKNOWN

IF YES, DATE OF ONSET

MO.	DAY	YR.

(CHECK ALL THAT APPLY)

BELL'S Palsy ☐

MENINGITIS ☐

ENCEPHALITIS ☐

PERIPHERAL NEUROPATHY ☐

OTHER: \_\_\_\_\_

CSF RESULTS OR OTHER LABORATORY RESULTS: \_\_\_\_\_

**CARDIAC MANIFESTATIONS?**

☐ YES ☐ NO ☐ UNKNOWN

IF YES, DATE OF ONSET

MO.	DAY	YR.

(CHECK ALL THAT APPLY)

PALPITATIONS ☐

CONDUCTION DEFECTS ☐

MYOCARDITIS ☐

LEFT VENTRICULAR DYSFUNCTION ☐

EKG OR OTHER RESULTS: \_\_\_\_\_

*Arizona Administrative Register / Secretary of State*  
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ARTHRITIS? ☐ Yes ☐ No ☐ UNKNOWN

IF YES, DATE OF ONSET

☐☐ - ☐☐ - ☐☐

JOINTS INVOLVED (CHECK ALL THAT APPLY)

HIP(S) ☐ YES  
KNEE(S) ☐ YES  
ANKLE(S) ☐ YES  
TOE(S) ☐ YES  
SHOULDER(S) ☐ YES  
ELBOW(S) ☐ YES

WRIST(S) ☐ YES  
FINGER(S) ☐ YES  
JAW(S) ☐ YES  
SPINE ☐ YES  
OTHER ☐ YES \_\_\_\_\_

WAS THERE MORE THAN ONE ATTACK OF ARTHRITIS SEPARATED FROM FIRST ATTACK BY AT LEAST 7 DAYS?

☐ YES ☐ NO ☐ UNKNOWN

IF YES, WHICH JOINTS WERE INVOLVED? \_\_\_\_\_

ANTIMICROBIAL THERAPY?

☐ YES ☐ NO ☐ UNKNOWN

WAS PATIENT HOSPITALIZED?

☐ YES ☐ NO ☐ UNKNOWN

DRUG	DATE STARTED			DOSE AND FREQUENCY	DURATION OF TREATMENT
	Mo.	DAY	Yr.		
DRUG 1:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
DRUG 2:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

**EPIDEMIOLOGIC HISTORY**

HISTORY OF TICK BITE IN MONTH PRIOR TO ILLNESS? ☐ YES ☐ NO ☐ UNKNOWN

Mo. DAY Yr.

IF YES, DATE ☐☐ - ☐☐ - ☐☐

IF TICK IDENTIFIED, WHAT KIND? \_\_\_\_\_

GEOGRAPHIC LOCATION OF TICK BITE: TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

IF NO HISTORY OF TICK BITE, WAS THERE EXPOSURE TO TICKS, SUCH AS IN WOODED AREAS?

☐ YES ☐ NO ☐ UNKNOWN

HISTORY OF OTHER INSECT BITE?

☐ YES ☐ NO ☐ UNKNOWN

HISTORY OF TRAVEL MORE THAN 30 MILES FROM HOME IN MONTH PRECEDING ONSET?

☐ YES ☐ NO ☐ UNKNOWN

IF YES, WHERE? \_\_\_\_\_

WHERE DOES PATIENT FEEL

DISEASE WAS ACQUIRED? TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

**LABORATORY DATA**

SERUM DATE	RESULTS	METHOD	LAB
Mo. DAY Yr.			
SEROLOGY 1 <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>			
SEROLOGY 1 <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>			
SEROLOGY 1 <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>			

OTHER LAB DATA: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PERSON COMPLETING FORM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

*Arizona Administrative Register / Secretary of State*  
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**LYME DISEASE REPORT FORM (PART A)**

(PLEASE ANSWER THE QUESTIONS BELOW AND RETURN THIS ALONG WITH THE LYME DISEASE FORM)

NAME OF PATIENT: \_\_\_\_\_

1.) WAS THERE A TICK ATTACHED? ☐ YES ☐ NO ☐ UNKNOWN

2.) DID A RASH DEVELOP? ☐ YES ☐ NO ☐ UNKNOWN

3.) HOW SOON AFTER THE TICK-BITE DID THE RASH APPEAR? \_\_\_\_\_

4.) DESCRIBE THE RASH IN TERMS OF SIZE AND SHAPE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.) DID THE RASH EXPAND? ☐ YES ☐ NO ☐ UNKNOWN TO WHAT SIZE? \_\_\_\_\_

6.) HOW LONG DID THE RASH PERSIST? \_\_\_\_\_

**Arizona Administrative Register / Secretary of State**  
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**EXHIBIT III-L**

Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

**Salmonellosis Investigation Form**  
**Arizona Department of Health Services**

**Symptomatology**

1. Which of the following symptoms did you have?

>3 loose stools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
# days (>3 loose stools)	_____		highest temperature	_____ date	_____
# episodes in 24 hours	_____		Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood in stools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Constipation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Backache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Muscle aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:	_____	

2. When did your symptoms start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.  
3. What date did the diarrhea start? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.  
4. Were you hospitalized? ☐ Yes ☐ No Adm Date \_\_\_\_\_ # days \_\_\_\_\_  
5. How long did your illness last? \_\_\_\_\_ # of days to full recovery

**Occupation**

6. Work at or attend child care? ☐ Yes ☐ No  
7. Food handler (work or volunteer)? ☐ Yes ☐ No  
8. Household member is a food handler? ☐ Yes ☐ No  
9. Provide patient care? ☐ Yes ☐ No

**Food Habits**

10. Are you a vegetarian? ☐ Yes ☐ No  
Type \_\_\_\_\_

**Medical History**

11. Have existing chronic medical problem(s) or any medical condition(s)? ☐ Yes ☐ No  
Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Within the last month:**

12. Antibiotics ☐ Yes ☐ No  
Name \_\_\_\_\_ dosage, # of days \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? ☐ Yes ☐ No

**Risk factors:**

**In the 7 days prior to your illness, were you exposed to any of the following:**

14. Contact with :  
Reptiles (turtles, iguanas, snakes) ☐ Yes ☐ No  
Amphibians (frogs, salamanders ) ☐ Yes ☐ No  
Farm animals ☐ Yes ☐ No  
Petting zoo animal ☐ Yes ☐ No  
Pets (including hedgehogs) ☐ Yes ☐ No  
What kind of animal(s) \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_

15. Any travel? ☐ Yes ☐ No  
Where? \_\_\_\_\_

From? \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Airline? \_\_\_\_\_ Flight No. \_\_\_\_\_

Foods eaten on:  
outbound flight \_\_\_\_\_

return flight \_\_\_\_\_  
\_\_\_\_\_

16. Contact to someone with diarrhea?

☐ Yes ☐ No

Name & relationship? \_\_\_\_\_  
When? \_\_\_\_\_

17. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? ☐ Yes ☐ No

When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_  
When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_

18. Get your face wet in the ocean, a lake, river, pool or spa? ☐ Yes ☐ No

Where? \_\_\_\_\_

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Patient Name: \_\_\_\_\_ County: \_\_\_\_\_

ADHS Salmonella Investigation Form

Page two

**Food History**

**During the 7 days prior to your illness (give the day and date to orient the patient):**

**19. Where and what did you eat? List below. Attach additional paperwork as necessary.**

Date	Foods & Drinks Consumed	Where? (if restaurant list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	
	B L D S	

**In the 7 days prior to your illness, did you consume any of the following:**

20. Fresh (not pasteurized) eggs? ☐ Yes ☐ No  
Runny yolk? ☐ Yes ☐ No

Where? \_\_\_\_\_

21. Poultry (chicken, turkey, etc)? ☐ Yes ☐ No  
Brand/Where bought? \_\_\_\_\_

22. Raw sprouts (alfalfa, clover)? ☐ Yes ☐ No  
Brand/Where bought? \_\_\_\_\_

23. Beverage containing unpasteurized/fresh juice? ☐ Yes ☐ No  
Brand/Where bought? \_\_\_\_\_

24. Raw (unpasteurized) milk or dairy product? ☐ Yes ☐ No

Brand/Where bought? \_\_\_\_\_

25. Untreated or raw water? ☐ Yes ☐ No  
Where? \_\_\_\_\_

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Send or Fax to: ADHS Infectious Disease Epidemiology  
150 North 18<sup>th</sup> Ave, Suite 140  
Phoenix, Arizona 85007-3237  
(602) 364-3676  
(602) 364-3199 Fax

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**EXHIBIT III-M**

**Shigella Disease Investigation Form**

Arizona Department of Health Services

State ID: \_\_\_\_\_

**\*\*Please attach Communicable Disease Report (CDR) to this form\*\***

County: _____		Interviewer: _____		Interview Date: ____/____/____	
<b>Patient Information</b>					
Name Last		First		MI	
Date of Birth: ____/____/____		Age			
<b>Clinical Data</b>					
<p>Symptoms:</p> <p>Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. # episodes/day _____</p> <p>Bloody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Mucous <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Watery <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p> <p>Constipation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Abdominal Cramps <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Nausea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p> <p>High Temperature _____ Date ____/____/____</p> <p>Chills <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Headache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Backache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Muscle Ache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Joint Pain <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Anorexia/Weight Loss <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Other <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Describe: _____</p>			<p>Which symptom did the patient experience first: <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other: _____</p> <p>What was the date of onset for the first symptom? Date: ____/____/____ Time: _____ am pm</p> <p>When did the patient last experience symptoms? Date: ____/____/____ Time: _____ am pm</p> <p>How long was the patient ill? _____ days</p>		
			<p>Did the patient: Use antibiotics? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Name/Dose: _____ Use antacids or ulcer medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Type: _____ Have any pre-existing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Describe: _____ Die? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Date of Death: ____/____/____</p> <p>Was the patient immunocompromised? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Was the patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Admit Date: ____/____/____ Discharge Date: ____/____/____ Name of hospital: _____</p>		
<b>Public Health Information</b>					
Did the patient have contact with anyone who was ill with similar symptoms within 7 days of illness onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
Name	Age	Sex	Date of Onset	Phone	Place of Employment/School/Daycare
Page 1 of 2					

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**Food History**

Where did the patient purchase groceries in the 7 days prior to onset of symptoms?

Store Name/Location: \_\_\_\_\_

Store Name/Location: \_\_\_\_\_

Store Name/Location: \_\_\_\_\_

Store Name/Location: \_\_\_\_\_

Please list any restaurants/cafeterias/delis/concession stands/snackbars that the patient may have visited within 7 days of illness onset:

Name	Location/Address	Date	Food/drinks consumed

**Epidemiologic Information**

Did the case attend or work at any of the following while experiencing symptoms or in the 7 days prior to onset of symptoms?

Daycare? ☐ Yes ☐ No ☐ Unk    Patient Care? ☐ Yes ☐ No ☐ Unk    Institution? ☐ Yes ☐ No ☐ Unk

Nursing Home? ☐ Yes ☐ No ☐ Unk    Foodhandling? ☐ Yes ☐ No ☐ Unk    Group Home? ☐ Yes ☐ No ☐ Unk

Name of Establishment: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Did any of the patient's family members attend or work in:

Patient Care? ☐ Yes ☐ No ☐ Unk    Day Care? ☐ Yes ☐ No ☐ Unk

Food Handling? ☐ Yes ☐ No ☐ Unk    Institution? ☐ Yes ☐ No ☐ Unk

Name/Location: \_\_\_\_\_

What sources of water did the patient use in the 7 days prior to illness onset? ☐ Public ☐ Well ☐ Bottled ☐ Other ☐ Unk

Describe: \_\_\_\_\_

Did the patient consume any raw or untreated water in the 7 days

prior to illness onset? ☐ Yes ☐ No ☐ Unk

Where? \_\_\_\_\_

Where? \_\_\_\_\_

In the 7 days prior to the onset of illness did the patient consume

any of the following:

Raw/unpasteurized milk or dairy products? ☐ Yes ☐ No ☐ Unk

Brand/location purchased \_\_\_\_\_

\_\_\_\_\_

In the 7 days prior to the onset of symptoms, did the patient:

Travel? ☐ Yes ☐ No ☐ Unk

Where? \_\_\_\_\_

When? \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional info: \_\_\_\_\_

Attend any events/gatherings? ☐ Yes ☐ No ☐ Unk

Where? \_\_\_\_\_

When? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are any other people ill? ☐ Yes ☐ No ☐ Unk

Describe: \_\_\_\_\_

Change any diapers? ☐ Yes ☐ No ☐ Unk

Contact human feces? ☐ Yes ☐ No ☐ Unk

Where? \_\_\_\_\_

Get face wet in an ocean, lake, river, pool, or spa?

☐ Yes ☐ No ☐ Unk

Where? \_\_\_\_\_

**Additional Information or Comments**

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**Arizona Department of Health Services**  
**RVCT Addendum Form for TB Reporting**

Revised 11/04/2003



ARTICLE 5. RABIES CONTROL

~~R9-6-105.~~ **R9-6-501. Rabies Control Definitions**

In this Article 5, unless otherwise specified:

1. "Animal control agency" means a ~~governmental agency or its designated representative with local board, commission, department, office, or other administrative unit of federal or state government or of a political subdivision of the state that has the responsibility for controlling dogs and cats~~ rabies in animals in a particular geographic area.
2. "Cat" means an animal of the genus species *Felis domesticus*.
3. "Currently vaccinated" means that:
  - a. An animal has been immunized against rabies with a vaccine that is licensed in the U.S. and labeled for use in the species to which the animal belongs; and
  - b. The animal received the initial rabies vaccine more than 30 days before the animal was exposed to rabies and received subsequent doses of rabies vaccine according to the vaccine manufacturer's instructions.
- ~~3-4.~~ "Dog" means an animal of the genus species *Canis familiaris*.
- ~~4-5.~~ "Euthanize" means to ~~put kill~~ kill an animal ~~to death~~ painlessly.
- ~~5-6.~~ "Exposed" means bitten by or having ~~direct contact with~~ touched a ~~rabies susceptible~~ rabid animal or an animal suspected of being rabid.
7. "Ferret" means an animal of the genus species *Mustela putorius*.
8. "Not currently vaccinated" means that:
  - a. An animal has never been immunized against rabies with a vaccine that is licensed in the U.S. and labeled for use in the species to which the animal belongs;
  - b. An animal received the initial rabies vaccine fewer than 30 days before the animal was exposed to rabies; or
  - c. An animal received subsequent doses of rabies vaccine in a manner that did not comply with the vaccine manufacturer's instructions.
9. "Rabid" means infected with rabies virus, a rhabdovirus of the genus *Lyssavirus*.
10. "Suspect case" means an animal whose signs or symptoms indicate that the animal may be rabid.

~~R9-6-501.~~ **R9-6-502. Management of Exposed Animals Exposed to a Known Rabid Animal**

- A. An animal control agency shall manage ~~a~~ an exposed dog, or cat, or ferret that has direct contact with a known or suspected rabid animal according to 1 of the following procedures as follows:
    - ~~1. Euthanize;~~
    - ~~2. Confine in isolation for 180 days under the supervision and control of the county or municipal animal control agency and vaccinate 30 days before release:~~
      - ~~a. If the exposed animal was never vaccinated;~~
      - ~~b. If the exposed animal was vaccinated with a triennial vaccine more than 3 years before being exposed; or~~
      - ~~c. If the exposed animal was vaccinated with any other vaccine more than a year before being exposed;~~
    - ~~3. Revaccinate and confine in isolation for 90 days under the supervision and control of the county or municipal animal control agency, if the animal was vaccinated less than 30 days before being exposed; or~~
    - ~~4. Revaccinate within 7 days, confine and observe by the owner for 45 days with the approval and supervision of the county or municipal animal control agency under the following circumstances:~~
      - ~~a. If the animal was vaccinated with a triennial vaccine more than 30 days and less than 3 years before being exposed; or~~
      - ~~b. If the animal was vaccinated with any other vaccine more than 30 days and less than 1 year before being exposed.~~
  1. If the exposed dog, cat, or ferret is currently vaccinated, the animal control agency shall:
    - a. Revaccinate the animal within seven days after the date that the animal is exposed; and
    - b. Confine and observe the animal in the owner's home or, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, for 45 days after the animal is exposed; or
  2. If the exposed dog, cat, or ferret is not currently vaccinated, the animal control agency shall:
    - a. Euthanize the animal; or
    - b. If the owner declines euthanasia, confine the animal for 180 days, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, and vaccinate the animal 30 days before it is released from confinement.
- B. ~~The~~ An animal control agency that is aware of an exposed animal, other than a cat, dog, ferret, or livestock, shall:
  1. immediately euthanize, or Make every effort to capture the exposed animal, except a cat, dog, or livestock, exposed to a known rabid animal as soon as it is identified, and
  2. Euthanize the animal as soon as it is captured.

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- C. ~~The An~~ animal control agency shall ~~handle~~ release from confinement a dog, ~~or cat, or ferret~~ exposed to a ~~suspected rabid animal~~ a suspect case in the same manner as ~~l~~ exposed to a known rabid animal, except that confinement shall be terminated at such time as it is determined that the biting animal is not rabid. Such determination shall be when the animal control agency receives a negative rabies report on the suspect case from the Department laboratory, ~~or a certificate signed by a veterinarian stating that the suspected animal is no longer showing symptoms of rabies.~~
- D. Livestock shall be handled according to Department of Agriculture rule A.A.C. R3-2-408.

**~~R9-6-502:~~ R9-6-503, Suspect Rabies Cases**

- A. ~~The An~~ animal control agency shall ~~confine, supervise, and control an animal, other than livestock, that shows symptoms of rabies when captured~~ ensure confinement of a dog, cat, or ferret that is a suspect case until:
1. ~~#~~ The animal dies,
  2. The animal is euthanized, or
  3. ~~a~~ A veterinarian determines it is ~~no longer showing symptoms of rabies that the animal is not rabid.~~
- B. ~~Whenever the~~ When an animal control agency euthanizes a ~~suspected rabid animal~~ suspect case, ~~it shall be done in such a way as to~~ the animal control agency shall avoid damaging the brain, so ~~that~~ rabies testing can be performed.

**~~R9-6-503:~~ R9-6-504, Records Submitted by Enforcement Agents Animal Control Agency Reporting Requirements**

By April 30 of each year, ~~municipal, county and other animal control agents~~ an animal control agency shall ~~file with~~ submit a ~~report to the Department a report of activities that contains the number of animal bites to humans occurring in the animal control agency's jurisdiction during the preceding calendar year. The report shall consist of animal control agent activities which include the number of dogs licensed, the number of stray dogs and cats impounded and method of disposition, the number and species of wild animals disposed of, and the number of animal bites reported by species of animal and a breakdown of the bites by:~~

1. Species of animal,
2. Age of victim, and
3. Month of occurrence.

**ARTICLE 6. TUBERCULOSIS CONTROL**

**~~R9-6-606:~~ R9-6-601, Tuberculosis Control Definitions**

In addition to the definitions in A.R.S. § 36-711, the following definitions apply in this Article 6, unless the context otherwise requires specified:

1. "Approved institution" means a health care facility with a current license to operate pursuant to 9 A.A.C. 10, which has a private room with special ventilation.
2. "State Tuberculosis Control Officer" means a physician, appointed by the Director, with the authority to issue or revoke an Order of Isolation and Quarantine and to deputize a qualified employee of the Department and other governmental agency as a Deputy Tuberculosis Control Officer.
1. "Individual with infectious active tuberculosis" means a pulmonary or laryngeal tuberculosis case who has not:
  - a. Had three successive sputum smears, collected at least eight hours apart, at least one of which was taken first thing in the morning, test negative for acid-fast bacilli;
  - b. Begun anti-tuberculosis treatment, and
  - c. Experienced improvement in clinical signs and symptoms of active tuberculosis.
2. "Inmate" means an individual who is incarcerated in a correctional facility.
3. "Tuberculosis Latent tuberculosis infection" means the presence of bacteria in ~~Mycobacteria~~ Mycobacterium tuberculosis, as evidenced by a positive result from an approved test for tuberculosis, in an individual who:
  - a. Has no symptoms of active tuberculosis,
  - b. Has no clinical signs of tuberculosis other than the positive result from the approved test for tuberculosis, and
  - c. complex has spread through the body of a person but is ~~Is~~ not contagious infectious to others.
4. "Tuberculosis disease" means the bacteria in Mycobacterium tuberculosis complex is causing clinical signs and symptoms and is contagious, unless the bacteria cannot exit the body.
4. "Symptoms suggestive of tuberculosis" means any of the following that cannot be attributed to a disease or condition other than tuberculosis:
  - a. A productive cough that has lasted for at least three weeks;
  - b. Coughing up blood; or
  - c. A combination of at least three of the following:
    - i. Fever,
    - ii. Chills,
    - iii. Night sweats,
    - iv. Fatigue,
    - v. Chest pain, and
    - vi. Weight loss.

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**R9-6-602. Issuance and Enforcement of an Order for Isolation and Quarantine**

- A.** The State Tuberculosis Control Officer, or a deputized qualified employee of the Department or other governmental health agency, may issue or revoke an Order of Isolation and Quarantine.
- B.** Orders of Isolation and Quarantine pursuant to A.R.S. § 36-714 shall be issued for a period not to exceed 30 days.
- C.** All persons deputized to issue an Order of Isolation and Quarantine shall send written notice to the State Tuberculosis Control Officer of the issuance of an Order of Isolation and Quarantine within five working days of such issuance. The notice shall include the description of the person quarantined, the basis upon which it is believed or suspected that such person is afflicted with contagious tuberculosis disease and shall include a copy of the issued Order of Isolation and Quarantine.
- D.** The local health agency shall be responsible for serving Orders of Isolation and Quarantine.

**R9-6-601. R9-6-602. Reports of Disease and Infection; Tuberculosis Registry Local Health Agency Reporting Requirements**

- A.** A person shall report a case of tuberculosis or a tuberculosis infection in a child under age six in accordance with R9-6-602.
- B.** The local health agency shall provide the following information to the Department:
  - 1. Medical information regarding all individuals with diagnosed tuberculosis disease in its jurisdiction, regardless of the supervising agency.
  - 2. Medical information regarding individuals suspected of having tuberculosis disease, those exposed to communicable tuberculosis disease, those with tuberculosis infection, and other individuals receiving tuberculosis treatment or services through the local health agency.
- C.** A register of persons having tuberculosis shall be maintained by the State Tuberculosis Control Officer.
- A.** Within 30 days after receiving information, a local health agency shall report to the Department regarding:
  - 1. Each individual in its jurisdiction who has been diagnosed with active tuberculosis.
  - 2. Each individual in its jurisdiction who is suspected of having active tuberculosis, and
  - 3. Each individual in its jurisdiction who is believed to have been exposed to an individual with infectious active tuberculosis.
- B.** Each report made under subsection (A) shall consist of completed Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, "Report of Verified Case of Tuberculosis" (January 2003), which is incorporated by reference in R9-6-373, or a completed electronic equivalent to Form CDC 72.9A and B provided by the Department.

**R9-6-603. Removal of Persons to Another State or Country**

- A.** When a case of communicable tuberculosis disease has financial support from out of state, the State Tuberculosis Control Officer, with written assurance of such support, shall furnish the patient with travel expenses and subsistence sufficient for the case to reach such support. The State Tuberculosis Control Officer shall ensure this transfer promotes the welfare of both the care and the state.
- B.** The State Tuberculosis Control Officer shall designate the method of transportation that best assures the safety of the patient and the public.

**R9-6-603. Tuberculosis Control in Correctional Facilities**

- A.** An administrator of a correctional facility shall ensure that:
  - 1. Each new inmate in the correctional facility undergoes a symptom screening for tuberculosis while processing into the correctional facility;
  - 2. An inmate in whom symptoms suggestive of tuberculosis are detected during screening:
    - a.** Is immediately:
      - i. Placed in airborne infection isolation, or
      - ii. Required to wear a surgical mask and retained in a medical environment;
    - b.** If not immediately placed in airborne infection isolation, is within 24 hours after screening:
      - i. Given a medical evaluation for active tuberculosis, or
      - ii. Transported to a health care institution to be placed in airborne infection isolation; and
    - c.** Is given a medical evaluation for active tuberculosis before being released from airborne infection isolation or permitted to stop wearing a surgical mask and released from a medical environment.
  - 3. Except as provided in subsection (A)(6), each new inmate who does not have a documented history of a positive result from an approved test for tuberculosis or who has not received an approved test for tuberculosis within the previous 12 months is given an approved test for tuberculosis within seven days after processing into the correctional facility;
  - 4. Except as provided in subsection (A)(5), each new inmate who has a positive result from an approved test for tuberculosis or who has a documented history of a positive result from an approved test for tuberculosis is given a chest x-ray and a medical evaluation, within 14 days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;

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5. If an inmate has had a documented negative chest x-ray after a positive result from an approved test for tuberculosis, the inmate is not required to have another chest x-ray unless the inmate has signs or symptoms of active tuberculosis;
  6. Each new inmate who is HIV-positive, in addition to receiving an approved test for tuberculosis, is given a chest x-ray and a medical evaluation within seven days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
  7. Each inmate who has a negative result from an approved test for tuberculosis when tested during processing has a repeat approved test for tuberculosis after 12 months of incarceration and every 12 months thereafter during the inmate's term of incarceration;
  8. Each inmate with active tuberculosis is:
    - a. Provided medical treatment that meets accepted standards of medical practice, and
    - b. Placed in airborne infection isolation until no longer infectious; and
  9. All applicable requirements in 9 A.A.C. 6, Articles 2 and 3 are complied with.
- B.** The requirements of subsection (A) apply to each correctional facility that houses inmates for 14 days or longer and to each inmate who will be incarcerated for 14 days or longer.
- C.** An administrator of a correctional facility, either personally or through a representative, shall:
1. Unless unable to provide prior notification because of security concerns, notify the local health agency at least one working day before releasing a tuberculosis case or suspect case;
  2. If unable to provide prior notification because of security concerns, notify the local health agency within 24 hours after releasing a tuberculosis case or suspect case; and
  3. Provide a tuberculosis case or suspect case or an inmate being treated for latent tuberculosis infection the name and address of the local health agency before the case, suspect case, or inmate is released.

**R9-6-604. ~~Repeated~~ Standards of Medical Care**

A health care provider caring for an afflicted person shall comply with the recommendations for treatment of tuberculosis in *American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), published in 167 *American Journal of Respiratory and Critical Care Medicine* 603-662 (February 15, 2003), which is incorporated by reference, on file with the Department, and available from the American Thoracic Society, 61 Broadway, New York, NY 10006-2747 or at [www.atsjournals.org](http://www.atsjournals.org), unless the health care provider believes, based on the health care provider's professional judgment, that deviation from the recommendations is medically necessary. If a health care provider caring for an afflicted person deviates from the recommendations for treatment of tuberculosis in *American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), the health care provider shall, upon request, explain to the Department or a local health agency the rationale for the deviation. If the tuberculosis control officer determines that deviation from the recommendations for treatment of tuberculosis in *American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis* (October 2002), is inappropriate and that the public health and welfare require intervention, the tuberculosis control officer may take charge of the afflicted person's treatment as authorized under A.R.S. § 36-723(C).

NOTICE OF PROPOSED RULEMAKING

TITLE 17. TRANSPORTATION

CHAPTER 3. DEPARTMENT OF TRANSPORTATION  
HIGHWAYS

PREAMBLE

**1. Sections Affected**

Article 8  
R17-3-801  
R17-3-802  
R17-3-803  
R17-3-803  
R17-3-804  
R17-3-804  
R17-3-805  
R17-3-806  
R17-3-807  
R17-3-808  
R17-3-808  
R17-3-809

**Rulemaking Action**

Amend  
Amend  
Amend  
Repeal  
New Section  
Repeal  
New Section  
Amend  
Amend  
Amend  
Repeal  
New Section  
Repeal

**2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 28-366 and 41-518

Implementing statutes: A.R.S. §§ 41-512 through 41-518

**3. A list of all previous notices appearing in the Register addressing the proposed rules:**

Notice of Rulemaking Docket Opening: 9 A.A.R. 3150, July 18, 2003

**4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name: Wendy S. LeStarge, Rules Analyst

Address: Administrative Rules Unit  
Department of Transportation, Mail Drop 507M  
3737 N. 7th Street, Suite 160  
Phoenix, AZ 85014-5079

Telephone: (602) 712-6007

Fax: (602) 241-1624

E-mail: [wlestage@dot.state.az.us](mailto:wlestage@dot.state.az.us)

Please visit the ADOT web site to track progress of this rule and any other agency rulemaking matters at [www.dot.state.az.us/about/rules/index.htm](http://www.dot.state.az.us/about/rules/index.htm).

**5. An explanation of the rules, including the agency's reasons for initiating the rulemaking:**

In 1982, Arizona enacted legislation for creating parkways, historic, and scenic roads. A.R.S. §§ 41-512 through 41-518. This legislation responded to national concerns about preserving the natural, scenic, and ecologically-sound corridors along America's highways. Under A.R.S. § 41-514, the Arizona Department of Transportation ("ADOT") is responsible for implementing the parkways, historic, and scenic roads program. The statutes establish an advisory committee, comprised of members from various state agencies and the general public, to review, decide, and advise ADOT's director on establishing a highway as a parkway, historic, or scenic road.

This rulemaking arises from proposed agency action in the five-year review report approved by the Governor's Regulatory Review Council on May 2, 2000 (F-00-0402). The rulemaking updates the procedures and criteria that the advisory committee uses in deciding to establish or designate a highway as a parkway, historic, or scenic road. It also recognizes some changes for federal funding, which began as a federal program in 1991. The rulemaking amends the language so that it is clear, concise, and understandable, and complies with the Secretary of State's rulemaking standards.

Notices of Proposed Rulemaking

6. A reference to any study relevant to the rules that the agency reviewed and either proposes to rely on in its evaluation of or justification for the rules or proposes not to rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

7. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

The effects of this rulemaking are minimal on ADOT and other state agencies. ADOT incurs costs for administering the program, but statutes mandate participation in this program. One benefit of having a scenic highways program, and the rules to implement it, is the possibility for federal funding for designated roads.

The rulemaking does not directly effect political subdivisions, or businesses or people along a designated road. However, in choosing to seek designation of a road, a political subdivision, business, or individuals along the road face both costs and benefits. Because of the community support requirement, involved entities have the opportunity to decide whether the benefits outweigh the costs of seeking designation. Costs can include development standards or development limitations. Benefits include increased tourism of people traveling to see the area, and possible federal funding for the designated road.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: Wendy S. LeStarge, Rules Analyst

Address: Administrative Rules Unit  
Department of Transportation, Mail Drop 507M  
3737 N. 7th Street, Suite 160  
Phoenix, AZ 85014-5079

Telephone: (602) 712-6007

Fax: (602) 241-1624

E-mail: [wlestage@dot.state.az.us](mailto:wlestage@dot.state.az.us)

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rules, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:

No oral proceeding is scheduled for this rulemaking. Written, faxed, e-mail comments, or requests for an oral proceeding may be made by contacting the person listed in item #4 between 8:00 a.m. and 4:30 p.m., Monday through Friday. If no oral proceeding is requested, the public comment period shall continue for 30 days from this notice's publication date. This rulemaking's public record will close at 4:30 p.m. on February 9, 2004.

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

None

12. Incorporations by reference and their location in the rules:

None

13. The full text of the rules follows:

TITLE 17. TRANSPORTATION

CHAPTER 3. DEPARTMENT OF TRANSPORTATION  
HIGHWAYS

ARTICLE 8. ~~ESTABLISHMENT OF SPECIAL HIGHWAYS~~ ARIZONA PARKWAYS AND HISTORIC AND  
SCENIC ROADS

Section

- R17-3-801. General Provisions  
R17-3-802. Meetings and Organization of the Advisory Committee PHSRAC  
R17-3-803. ~~Duties of Officers~~ Request to Designate a Road  
R17-3-804. ~~Request to Establish or Designate a Highway or Area~~ PHSRAC's Process  
R17-3-805. ~~Reconsideration of Requests to Establish or Designate a Highway or Area~~ PHSRAC's Decision  
R17-3-806. Review of Existing Designated Parkway, Historic or Scenic Road

- R17-3-807. Approvals and Agreements Between Agencies for Designation
- R17-3-808. ~~Acquisition of Land for Parkways, Historic, and Scenic Roads~~ Construction and Maintenance Standards; Sign-  
ing
- R17-3-809. ~~Construction and Maintenance with Protection and Enhancement of Special Features~~ Repealed

**ARTICLE 8. ~~ESTABLISHMENT OF SPECIAL HIGHWAYS~~ ARIZONA PARKWAYS AND HISTORIC AND  
SCENIC ROADS**

**R17-3-801. General Provisions**

Definitions. In A.R.S. §§ 41-512 through 41-518 and these rules, unless context otherwise requires, the following definitions shall apply:

1. "Advisory Committee" means the Arizona Parkways, Historic and Scenic Roads Advisory Committee.
2. "Department" means the Arizona Department of Transportation (ADOT).
3. "Resources" means the cultural, natural, scenic, and historic qualities significant to the designation. A parkway, historic, or scenic road may contain one or more of these qualities.

The following definitions apply:

"Corridor Management Plan (CMP)" means a written document that specifies the actions, procedures, controls, operational practices, and administrative responsibilities and strategies to manage and protect the resources of a designated road.

"Department" means the Arizona Department of Transportation.

"Designate" is synonymous with "establish" as used in A.R.S. §§ 41-512 through 41-518, and means to grant status as a parkway, historic road, or scenic road to certain physical boundaries of a road or area.

"Interstate highway" has the meaning in A.R.S. § 28-7901(4).

"PHSRAC" means the Arizona Parkways, Historic and Scenic Roads Advisory Committee.

"Road" means any federal, state, county, Indian, or municipality roadway or right-of-way.

"Resources" means the cultural, natural, scenic, or historic qualities of a requested parkway, historic, or scenic road.

"State highway" has the meaning in A.R.S. § 28-101(47).

"Viewshed" means the three visual areas that can be seen from a specific stopping point on or near the roadway, comprised of the:

Foreground (the area up to one third mile from the edge of the roadway where individual parts of a plant are distinguishable);

Middleground (the area beginning one third from the edge of the roadway and extending to three miles from the roadway where individual plants are distinguishable); and

Background (area more than three miles from the roadway, where individual plants are indistinguishable but are visible as vegetative cover).

**R17-3-802. Meetings and Organization of ~~the Advisory Committee~~ PHSRAC**

~~A. Advisory Committee meetings shall be held at least once each six months at a time and place designated by the chairman. The chairman, the vice chairman with the chairman's approval, or any six members of the Advisory Committee may call such other meetings as necessary to conduct the business of the Advisory Committee. A quorum shall consist of six or more members of the Advisory Committee being present at a legally convened meeting.~~

~~1. All meetings shall be noticed as provided in the Open Meetings Law.~~

~~2. At the first meeting of the fiscal year, the Advisory Committee shall elect a chairman and vice chairman. They shall assume the duties of their offices at the close of the meeting.~~

~~B. If an Advisory Committee chairman or vice chairman resigns or vacates his or her position prior to expiration of office, the Advisory Committee may elect a replacement to serve the remainder of the year.~~

**A. Chairperson.**

1. At the first meeting of the fiscal year, PHSRAC shall elect a chairperson and vice chairperson. The chairperson and vice chairperson shall assume the duties of their offices at the close of the first meeting.

2. If the chairperson or vice chairperson resigns or vacates his or her position before the office term expires, PHSRAC shall elect a replacement to serve the remainder of the term at the next scheduled meeting.

3. The chairperson shall preside at all meetings, appoint subcommittees of PHSRAC, and perform other duties as necessary to the office of chairperson.

4. If the chairperson is absent or incapacitated, the vice chairperson shall exercise the duties of the chairperson.

**B. Meetings.**

1. PHSRAC shall meet at least once each six months at a time and place designated by the chairperson.

Notices of Proposed Rulemaking

2. The chairperson, the vice chairperson with the chairperson's approval, or any six members of PHSRAC may call other meetings as necessary to conduct PHSRAC's business.
3. PHSRAC shall notice all meetings as prescribed in A.R.S. Title 38, Article 3.1.
- C. PHSRAC's decisions become effective by a majority of vote of attending members if a quorum is present. A quorum consist of six or more members of PHSRAC present at meeting convened under A.R.S. Title 38, Article 3.1.

**R17-3-803. Duties of Officers Request to Designate a Road**

The chairman shall preside at all meetings, appoint subcommittees of the Advisory Committee, and perform all duties pertaining to the office of chairman. The vice chairman shall, in the absence or incapacity of the chairman, exercise the duties of the chairman.

- A. Any agency, group, or individual may request PHSRAC to recommend that the Transportation Board designate a road. An applicant agency, group, or individual shall submit a written request to the Chairman of PHSRAC, care of the Department. The request shall identify the applicant and state the road segments to be included in a proposed designated road.
- B. At a meeting convened under A.R.S. Title 38, Article 3.1, PHSRAC will discuss and assess whether to comprehensively review the request, based on the factors in R17-3-804(A), and the personal and professional knowledge of the individual members as to the proposed designated road. PHSRAC shall:
  1. Approve a comprehensive review, and prioritize the review with reviews for other proposed designated roads; or
  2. Deny a comprehensive review if a proposed designated road does not receive a majority of votes.
- C. If PHSRAC approves a comprehensive review, PHSRAC shall provide the applicant with a copy of the "Application Procedures for Designation of Parkways, Historic and Scenic Roads in Arizona." Based on the application procedures, the applicant shall submit the following:
  1. A written letter of support for designation of the road by the entity having jurisdiction over the road. If the proposed road is a state highway, local community groups shall submit the letter of support; and
  2. A report that includes the following:
    - a. Recommended road segments to be included;
    - b. Area on either side of the road necessary to protect the historic, cultural, or visual resources of the proposed designated road;
    - c. Adjacent land ownerships;
    - d. Existing major land use along the road;
    - e. Area zoning;
    - f. Still photos or other supportive material of outstanding and representative scenery, or other resources;
    - g. Recommendations to protect or enhance the historic, cultural, or visual resources of the proposed designated road;
    - h. Visual impact of existing outdoor advertising; and
    - i. Inventory of resources as prescribed in subsection (D).
- D. An inventory of resources includes the following, as applicable to the proposed designated road:
  1. Natural resources such as geology, hydrology, climate, biota, and topography;
  2. Visual resources, including a systematic:
    - a. Selection of appropriate viewsheds,
    - b. Classification of a road's scenic elements and viewsheds, and
    - c. Evaluation of the visual quality of each viewshed.
  3. Cultural resources, including:
    - a. Architectural, including structures, landscaping, or other human constructions, that possess artistic merit, and represent the class, period, or human achievement;
    - b. Historical resources, including sites, districts, structures, artifacts, or other evidence of human activities, that represent aspects or events of national, state, or local history;
    - c. Archaeological resources, including sites, artifacts, or structures that date from
      - i. Prehistoric or aboriginal periods, or
      - ii. Historic periods, or non-aboriginal activities for which vestiges remain.
    - d. Cultural development resources, including:
      - i. Political or governmental development,
      - ii. Social or cultural impact on civilization in the proposed area, or
      - iii. Technological or economic impact of civilization in the proposed area.
- E. For a proposed designated road that is part of the Arizona state highway system, the Department shall prepare the report in subsection (C)(2).
- F. The Department shall submit the inventory of resources to the Arizona Historical Advisory Committee of the Arizona State Library, Archives, and Public Records for its evaluation of the value of any historical resource of a proposed designated road.



**R17-3-804. Request to Establish or Designate a Highway or Area PHSRAC's Process**

- A.** Requests to establish or designate a highway or area as a parkway, historic, or scenic road may be made to the Advisory Committee by any agency, group, or individual who shall submit requests for consideration by the Advisory Committee. The following criteria shall be met:
1. All requests submitted for establishment or designation of highways, streets, roads, or routes, other than those on the Arizona state highway system, shall require the body having jurisdiction to provide written notice of concurrence for such an establishment or designation. Upon the receipt of endorsement, the Advisory Committee shall initiate the process for designation of a parkway, historic, or scenic road.
  2. A report to provide pertinent information of the proposed designated road, including the benefits and impact, shall be prepared by the requesting agency, group, or individual, as approved by the agency having jurisdiction. The report shall be submitted as information to the Advisory Committee. Reports for highways under the jurisdiction of the Department of Transportation shall be prepared by the Department. The report shall include the following:
    - a. Road segments or areas to be included;
    - b. Inventory of resources;
    - c. Adjacent land ownerships;
    - d. Existing major land-use areas;
    - e. Area zoning;
    - f. Still photos of outstanding and representative scenery;
    - g. Information and recommendations defining the desirable zone of influence, the area to either side of the roadway, which would be required to protect the resources of the areas along the proposed designated road.
- B.** The Advisory Committee shall make a systematic evaluation of the extent and quality of the resources for the proposed establishment and designation of parkways, historic, or scenic roads. The following factors shall be considered in the process of providing recommendations to the Transportation Board:
1. Vividness, memorability of the visual impression;
  2. Intactness, integrity of the visual order;
  3. Unity, forms a harmonious, composite visual pattern;
  4. Historical or cultural impact to the area, state, or nation;
  5. Proximity to the highway or area;
  6. Sufficient land area for parkways to accommodate facilities for visitor needs;
  7. Evaluation by the Arizona Historical Advisory Committee.
- C.** The Advisory Committee shall, based on review of the prepared information report and systematic evaluation of the resources according to the procedures established for evaluation, forward approved recommendations to the Director for his or her concurrence and presentation to the Transportation Board as to those highways or areas that have been considered and determined appropriate for designation as parkways, historic, or scenic roads. The Advisory Board's decision-making procedures include the following:
1. Discussion and approval and denial of recommendations shall be made at public open meetings. Recommendations shall be made if passed by vote of the Advisory Committee of a majority of members in attendance and when a quorum is present.
  2. The accepted recommendation for designation shall be sent to the Director for his or her concurrence and presentation to the Transportation Board for consideration.
  3. Highways or areas proposed for designation which receive less than a majority of the votes of the Advisory Committee shall have no recommendation sent to the Director. They may be reconsidered at a later date.
- A.** After receiving all information requested in R17-3-803, PHSRAC will evaluate the extent and quality of the resources for the proposed designated road. PHSRAC shall consider the following factors in deciding to recommend designation to the Transportation Board:
1. The memorability of the visual impression from contrasting landscaping elements;
  2. The integrity of the visual order in the natural and human built landscape, and the extent to which the landscape is free from visual encroachment;
  3. The degree to which visual aspects of the landscape elements join to form a harmonious, composite, and visual pattern;
  4. Degree of the historical or cultural contribution to the area, state, or nation;
  5. Proximity and access of the proposed designated road to the historical place or area;
  6. Sufficient land area for a parkway to accommodate visitor facilities; and
  7. Evaluation by the Arizona Historical Advisory Committee.
- B.** At a meeting convened under A.R.S. Title 38, Article 3.1, PHSRAC will discuss and vote on a recommendation for designation of a road to the Transportation Board. PHSRAC shall:
1. Approve and recommend a designation by a majority of vote, or
  2. Deny a request for designation by if a proposed road does not receive a majority of votes.

Notices of Proposed Rulemaking

- C. If PHSRAC approves and recommends designation, PHSRAC shall submit the recommendation to the Director to present to the Transportation Board.

**R17-3-805. Reconsideration of Requests to Establish or Designate a Highway or Area PHSRAC's Decision**

- ~~A. Only highways receiving favorable recommendation shall be forwarded for designation. Those receiving a non-favorable recommendation or those recommended for deletion by the Advisory Committee shall be reconsidered upon presentation of additional substantive information to the Advisory Committee by the agency having jurisdiction.~~
- ~~B. Additional substantive information shall be presented to the Advisory Committee within 60 calendar days of its decision and shall include the development of data that would affect the Committee's evaluation of the extent and quality of the resources being considered. Emphasis shall be placed on the road's unique features or special qualities that could be protected or enhanced. If no additional information is submitted, no further consideration shall be made on the proposal.~~
- ~~C. Reconsideration of a request for a recommendation to establish or designate a highway or area as a parkway, historic, or scenic road shall conform to information and evaluation procedures of R17-3-804.~~
- A. The agency, group, or individual that requested designation, or the entity having jurisdiction over a road may request that PHSRAC reconsider its decision if PHSRAC:
1. Does not approve a comprehensive review, or
  2. Does not recommend to designate a road.
- B. The entity requesting reconsideration has 60 days from the date of PHSRAC's decision to present additional information to PHSRAC. Additional information includes data that emphasizes the factors PHSRAC considers in R17-3-804(A), and emphasizes the road's unique features or special qualities that could be protected or enhanced.
1. The Department shall prepare additional information if the road is a state highway, and PHSRAC is acting under subsection (A)(2).
  2. The entity requesting reconsideration shall prepare additional information if the road is not a state highway, or PHSRAC is acting under subsection (A)(1).
- C. If additional information is presented, PHSRAC will discuss and vote on the request for reconsideration at a meeting convened under A.R.S. Title 38, Article 3.1. PHSRAC shall not reconsider its decision if the entity requesting reconsideration does not submit additional information.

**R17-3-806. Review of Existing Designated Parkway, Historic or Scenic Road**

- ~~A. The Advisory Committee may review established or designated parkways, historic, or scenic roads because of changes in the extent and quality of the resources. The review may be initiated by the Committee or at the request of the agency having jurisdiction. The Advisory Committee shall compare the present or modified conditions with the information report and other criteria of certain special qualities that were to be protected or enhanced which resulted in the highway or area being designated.~~
- ~~B. The decision to recommend continuation or deletion of a designation of a parkway, historic, or scenic road shall be made at a public open meeting. The body having jurisdiction of a designated parkway, historic, or scenic road recommended for deletion may appeal as per R17-3-805.~~
- ~~C. A recommendation for deletion shall be sent to the Director for his or her concurrence and presentation to the Transportation Board. The Transportation Board shall then vote on the recommendations of the Advisory Committee for deletion of an established or designated parkway, historic, or scenic road. The Board's decisions shall have the following impact:~~
- ~~1. A decision for continuation shall require no action by the Department or the agency having jurisdiction.~~
  - ~~2. A decision for deletion shall require the Board to cancel the agreement with the body having jurisdiction over the designated road.~~
- A. Review.
1. PHSRAC will review a designated road to compare and ensure that the present conditions and resources comply with the conditions and resources that existed at the time the road was designated in order to ensure continued designation.
  2. PHSRAC shall conduct a review:
    - a. At least every five years from initial designation.
    - b. At the design stage of any construction or reconstruction proposed by the Department or the entity having jurisdiction to the designated road, or
    - c. If the entity having jurisdiction or a local community group recommend deletion of the designated road.
- B. CMP.
1. The entity having jurisdiction or any member of the public shall use the guidelines outlined by the Federal Highways Administration in its Notice of FHWA interim policy, published in the Federal Register, 60 FR 26759, May 18, 1995, to prepare a CMP.
  2. The entity having jurisdiction or any member of the public shall submit a CMP to PHSRAC at the addresses listed in R17-3-803(A), for PHSRAC's review.

Notices of Proposed Rulemaking

3. At a meeting convened under A.R.S. Title 38, Article 3.1, PHSRAC will discuss and vote on whether to recommend to the Department or the entity having jurisdiction to adopt and implement the CMP, using the guidelines outlined in the Federal Highways Administration's Notice of FHWA interim policy (listed above in subsection (B)(1)).

**C. Deletion.**

1. Based on its review conducted under subsection (A), PHSRAC will discuss and vote on a recommendation for deletion of a designated road at a meeting convened under A.R.S. Title 38, Article 3.1. PHSRAC shall:
  - a. Recommend deletion of a designated road by a majority of vote, or
  - b. Recommend continuation of a designated road if a road does not receive a majority of votes.
2. Reconsideration. The entity having jurisdiction over a designated road or a local community group may request that PHSRAC reconsider its decision if PHSRAC recommends deletion or continuation of a designated road.
  - a. The entity requesting reconsideration has 60 days from the date of PHSRAC's decision to present additional information to PHSRAC. Additional information includes data that emphasizes the factors PHSRAC considers in R17-3-804(A), and emphasize the road's unique features or special qualities that could be protected or enhanced.
    - i. The Department shall prepare additional information if the road is a state highway.
    - ii. The entity requesting reconsideration shall prepare additional information if the road is not a state highway.
  - b. PHSRAC shall not reconsider its decision if the entity requesting reconsideration does not submit additional information.
  - c. PHSRAC shall use the information and procedures described in R17-3-805 to reconsider its decision.
3. PHSRAC shall submit a recommendation for deletion to the Director for the Director's presentation to the Transportation Board. The Transportation Board's decision has the following impact:
  - a. A decision for continuation does not require the Department or the entity having jurisdiction to take any action.
  - b. A decision for deletion requires the Department to cancel the agreement with the entity having jurisdiction over the designated road.

**R17-3-807. Approvals and Agreements Between Agencies for Designation**

- ~~A. Prior to consideration by the Advisory Committee, proposals for establishment or designation of a parkway, historic, or scenic road which is not a state highway or route shall require the body having jurisdiction to provide notice of interest for such establishment or designation. Such notice shall be provided in writing.~~
- ~~B. Establishment or designation by the Transportation Board shall not become effective until an interagency agreement between the Department and the agency body having jurisdiction has been completed and is filed with the Secretary of State.~~
- ~~C. The interagency agreement may include the following:~~
  - ~~1. The resource information included by the Advisory Committee in its recommendations to the Director for his or her concurrence and presentation to the Transportation Board;~~
  - ~~2. Requirements or recommendations for protection of unique features and resources;~~
  - ~~3. Provisions for Parkway, Historic, or Scenic Road Designation Signing approved by the Department for established or designated roads;~~
  - ~~4. Restrictions for access roads intersecting parkways and bordering subdivisions approval requirements as provided in A.R.S. § 41-514;~~
  - ~~5. Statements to clarify the conditions of the establishment or designation;~~
  - ~~6. Requirements in the event of a decision for deletion and cancellation of the agreement by the Transportation Board;~~
  - ~~7. Provisions that neither the Arizona Department of Transportation, the Arizona Parks Board, nor the Arizona Historical Society undertakes or assumes any financial or legal responsibilities of other agencies or units of government by the establishment or designation of a highway or areas as parkways, historic, or scenic roads.~~
- A. If the Transportation Board designates a road that is not a state highway, the designation becomes effective after the Department and the entity having jurisdiction complete an interagency agreement and file the agreement with the Secretary of State.
- B. The interagency agreement shall include at least one of the following:
  1. PHSRAC's resource listing and evaluation for designation as recommended to the Director for the Director's presentation to the Transportation Board.
  2. Requirements or recommendations for protecting unique features and resources.
  3. Provisions for Department-approved signing.
  4. Provisions for an access road or subdivision access to a parkway as restricted under A.R.S. § 41-514(F).
  5. Statements to clarify the conditions of the designation.
  6. Provisions if the Transportation Board deletes a road and cancels an agreement, or
  7. Requirements that the Department, the Arizona Parks Board, or the Arizona Historical Society do not have any financial or legal responsibility for other agencies or government units by designating a highway as a parkway, historic, or scenic road.

Notices of Proposed Rulemaking

**R17-3-808. ~~Acquisition of Land for Parkways, Historic, and Scenic Roads~~ Construction and Maintenance Standards: Signing**

The Director may acquire title, either in fee simple or a lesser estate, over lands for the establishment or improvement of a state highway designated as a parkway, historic, or scenic road. Acquisitions shall be accomplished in accordance with A.R.S. § 28-1865 and rules and procedures established by the Department including the following:

1. ~~Land other than state highway may be acquired for designated parkways, historic, or scenic roads by the body having jurisdiction. Acquisitions shall be accomplished in accordance with the applicable state laws and its established rules and procedures.~~
2. ~~Acquisition by the Department or other body having jurisdiction may not be accomplished by exercising the power of eminent domain.~~

**A.** Under A.R.S. § 41-516, the Department or entity having jurisdiction may allow a special construction and maintenance standard to protect and enhance a special feature or unique resource if the special standard is specified to that special feature or unique resource.

**B.** The Department or entity having jurisdiction shall provide signing to identify the designated road, based on the current edition of the Manual on Uniform Traffic Control Devices adopted under A.R.S. § 28-641, and the following criteria:

1. Identifying signing of a designated road is an official traffic control device under A.R.S. § 28-648 and shall not be used without PHSRAC's authority.
2. The Department shall provide identifying signing of a designated state highway depending on the level of fiscal constraint and available funding from other sources.
3. The Department shall not allow any identifying signing of a designated road on an interstate highway.
4. PHSRAC and the Director shall review any other signing related to identifying a designated road, such as historical markers, in order to ensure the signing conforms to Department standards and resource character of the road.
5. A sign shall not visually interfere with or distract from an adjacent traffic control device, or the historic or scenic quality of an area.
6. Signing identifying the designated road should be as close as practicable to the established termini. Within the designated road, signing shall be at least five miles apart. If the termini of the designated road are less than ten miles apart, no additional signing shall be installed within the designated road.
7. If a designated road begins or ends at a point at a junction or intersection of another road, the signing for the designated road shall be located beyond the junction and beyond any signing that is installed immediately after the junction or intersection. Signing for the designated road may be incorporated with or into advance guide signing for the other road if spacing allows.
8. If an intersecting road is a designated road, and the beginning or end is not immediately adjacent to the junction or intersection, any signing shall be located only on the designated road.
9. If the Transportation Board deletes a road, the Department or entity having jurisdiction shall remove all designation signing.

**R17-3-809. ~~Construction and Maintenance with Protection and Enhancement of Special Features~~ Repealed**

**A.** ~~Established or designated parkways, historic, or scenic roads may allow exemptions from standards normally applied to the construction and maintenance of the route to ensure the protection and enhancement of the special features or unique resources. Parkway, Historic, or Scenic Roads designation signing shall be provided as a means of identification of established or designated parkways, historic, or scenic roads. The following construction and signing standards shall apply, based on professional engineering discretion:~~

1. ~~Exemptions allowed to ensure the protection and enhancement of special features or unique resources shall be specified for those features or resources. The revised construction procedures may be allowed if approved by the Department of Transportation, the Federal Highway Administration, the county, city, or other body having jurisdiction or involvement in the design, construction or maintenance of the road.~~
2. ~~Revisions from standards for construction and maintenance for designated parkways, historic, or scenic roads shall be accomplished using procedures, standards, and practices to reasonably provide for the safe use and service of the traveling public.~~
3. ~~Established or designated parkways, historic, or scenic roads or areas shall be signed using parkway, historic or scenic road designation signing approved by the Department on state, county, or city rights-of-way of the route, in accordance with the following criteria:~~
  - a. ~~Locations shall be selected which neither will cause visual interference with or distraction from adjacent traffic control devices nor detract from the historic or scenic quality of an area.~~
  - b. ~~Signing of the established or designated parkway, historic, or scenic road or area should be as close as practicable to the established termini. Interterminal signing may be installed at not less than five-mile intervals. Where the termini are less than ten miles apart, interterminal signing shall not be installed.~~

- e. ~~Where a parkway, historic, or scenic road has a terminal at a junction or intersection of a state or other route, signing for such designated routes shall normally be located beyond the junction and beyond the normal complement of signing installed immediately after the junction or intersection. Where appropriate, such signing may be incorporated with or into advance guide signing for the junction or intersection.~~
- d. ~~Where an intersecting roadway is established or designated a parkway, historic, or scenic road and such facility has a designated terminal not immediately adjacent to the junction or intersection, signing may be installed only on the designated road.~~
- e. ~~Parkway, historic, or scenic road designation signing for an established or designated parkway or historic or scenic road shall conform to the Arizona Department of Transportation approved design, color, and mounting standards and shall be reflectorized. Other signing shall be approved by the Parkways, Historic and Scenic Roads Advisory Committee and the Director.~~
- f. ~~Historical markers and other related signing shall be in accordance with the Arizona Department of Transportation policies, guides, and procedures of the governmental entity having jurisdiction and are available from the Department upon request.~~
- g. ~~Roads deleted as established or designated parkways, historic, or scenic roads shall have all designation signing removed.~~